Prince Albert Parkland Regional Health Authority
2016-2017 Annual Report

PRINCE ALBERT PARKLAND
HEALTH REGION

Healthy Living in Healthy Communities

LETTER OF TRANSMITTAL

To: Honourable Jim Reiter
Minister of Health

Dear Minister Reiter,

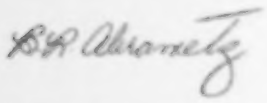
The Prince Albert Parkland Regional Health Authority is pleased to provide you and the residents of the health region with its 2016-17 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2017.

The Prince Albert Parkland Regional Health Authority had many successes during the fiscal year including the June 2016 opening of the Dr. Tom Smith Windsor House which provides accommodations for medical and health sciences students doing part of their training in Prince Albert. The Regional Health Authority was also pleased to support the opening of the Ronald McDonald House Family Room at the Victoria Hospital in September 2016.

In the Overview section, you will also find images from the 2016 Health Excellence Awards. This annual event, held in May of each year, recognizes the contributions of our employees, physicians, and partner organizations. Nominated by their peers and evaluated by a selection committee, individuals and teams are recognized for Better Health, Better Care, Better Value, and Better Teams. Individuals are also recognized for their Lifetime Achievement and contributions to the health care system, and providing service to the residents of the health region and the province.

We also acknowledge the tremendous support provided to patients, long-term care residents, community clients, families, employees, and physicians by more than 3,500 volunteers in programs and facilities in communities throughout the health region.

Respectfully submitted,



Brenda Abrametz,
Chairperson
Prince Albert Parkland Regional Health Authority

Learning can be fun

Over the course of six weeks, the Spiritwood Literacy Partnership: Links to Learning Inc. offered the Bookmates Alphabet Soup in Motion program in conjunction with the Little Wonders Playschool in Shell Lake. Alphabet Soup in Motion is a program designed for parents (caregivers or grandparents, etc.) and their preschool children ages 2 to 5 years. The main focus of the program is to encourage active play along with literacy and family eating principles. Program facilitators led the parents and children in an array of active rhymes, songs and activities. These activities ranged from sharing books together to body movement, yoga poses and creating and eating snacks together based on that week's theme. At the end of each week, each family brought home a book.

Flu shot clinics

Wayne Cowan from Prince Albert receives his influenza immunization from Jodie Leaderhouse, Public Health Nurse, at the Prince Albert Parkland Health Region's public clinic at the South Hill Mall on Monday, October 31, 2016.

Special guests help celebrate culture

A troupe of young Ukrainian dancers highlighted special events at the Parkland Integrated Health Centre in Shellbrook that celebrated the 125th Anniversary of Ukrainian immigrants settling in Canada. Almost all 34 elders from the Shellbrook home, along with guests from Whispering Pine Place in Canwood joined in the celebration.

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The Prince Albert Parkland Regional Health Authority annual reports are available online at www.paphr.ca

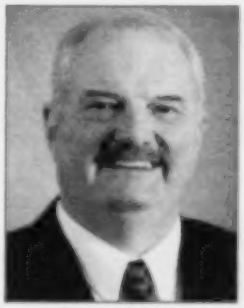
They are found under About Us—Accountability—Annual Reports

RHA Board of Directors

Brenda Abrametz
Chairperson

Bevra Fee
Vice-Chairperson

Hugh Otterson
Member



Don Code
Member

Marcie Kreese
Member

Mona Selanders
Member

Mervin Bender
Member

Larry Fladager
Member

Alan Tanchak
Member

Shirley Schwab
Member

INTRODUCTION

The purpose of the Prince Albert Parkland Regional Health Authority's (RHA) 2016-2017 Annual Report is to demonstrate accountability to its main funder, the Ministry of Health, as well as the public, and to be transparent about its activities during the fiscal year. The organization is responsible for the preparation and verification of the information contained in this report. Significant portions of the information are taken from regular reports to the board of directors, including updates on the RHA's strategic priorities and performance in achieving key targets set by the Ministry of Health. Other information is from required submissions to the Ministry of Health.

Our Vision

- Healthy Living in Healthy Communities

Our Mission

- The Prince Albert Parkland Health Region works with people and communities to promote health, prevent illness, and provide safe, quality health services.

Our Values

- Compassion
- Respect
- Stewardship
- Innovation
- Collaboration
- Patient Safety
- Service Excellence
- Rewarding Work Life

The interpretation of the reporting reflects the best judgment of the RHA's management team, and is based on their involvement in preparing reports and tracking the data for review throughout the fiscal year—including board of directors' meetings and the senior management team's weekly Visibility Wall Walk. Some of the information is from patient surveys, and real-time gathering of data, some of which may be the only source available and may have small data sets or provide only a snapshot of a particular moment in time.

The Strategic Alignment section demonstrates how the RHA's goals are aligned with the Ministry of Health's Provincial Health Plan. The RHA's plan reflects the provincial priorities, and the regional efforts to support the achievement of the provincial outcomes.

The Overview section discusses Prince Albert Parkland's governance and administrative structure, and strategic priorities for 2016-2017. This section includes information about the RHA's programs and services, including service volumes, as well as information about the RHA's key partners in the delivery of health care services. There are also details about the health of the population and information about risk management priorities.

Prince Albert Parkland will demonstrate how it is aligned with provincial priorities. The Progress in 2016-2017 section will outline the RHA's efforts to meet provincial targets, the challenges that remain, and plans to meet targets that have not yet been met. This section will demonstrate the alignment between the RHA's efforts with the specific Ministry of Health's strategic goals and performance measures. There is information about how the RHA is utilizing quality improvement initiatives to improve the patient experience and to ensure the efficient use of all resources—human, financial, infrastructure and technology. The RHA will only report on the goals and performance measures that are specific to RHA activities. The following priorities are key areas for access, quality and safety:

- Culture of Safety—Implementation of the Safety Management System and Safety Alert/Stop the Line.
- System Flow—Improve access for patients and reduce Emergency Department waits.

Prince Albert Parkland utilizes an external auditor to review the financial statements, notes and schedules, and to ensure the RHA is presenting its financial status accurately. This information is included in the Financial Statements section. It includes information required to meet the needs of both the primary funder (the Ministry of Health), and the Provincial Auditor. The Financial Overview section will provide additional context about the RHA's financial performance.

Appendices in this report include Prince Albert Parkland's organizational chart, a directory of programs, services and facilities, health status indicators, and the payee list for all recipients in excess of $50,000 in the past year (includes employees, suppliers, transfers and other expenditures).

ALIGNMENT WITH STRATEGIC DIRECTION

Putting Patients First
Our Vision
Healthy Living in
Healthy Communities.
Our Mission
The Prince Albert Parkland
Health Region works with people and
communities to promote health, prevent illness
and provide safe, quality health services.
Our Values
Compassion • Respect • Service Excellence • Patient Safety
Collaboration • Innovation • Stewardship • Rewarding Work Life
Goals
Better Health
Better Care
Better Teams
Better Value
2016-17 Projects
• Culture of Safety – Safety Management System and Safety Alert/Stop the Line
• System Flow – Improve access for patients and reduce Emergency Department waits
Principles
Client and Family Centred Care • Think and Act as One System • Continuous Improvement • Culture of Safety
PRINCE ALBERT PARKLAND
SASKATCHEWAN HEALTH CARE MANAGEMENT SYSTEM

The Ministry of Health introduced the Saskatchewan Health Plan for 2016-2017, following consultation with the Regional Health Authorities and stakeholders.

The provincial health plan is focused on the four enduring goals of Better Health, Better Care, Better Teams and Better Value. The Ministry of Health has identified a number of targets for improvements and broad priorities for achieving those targets.

The Prince Albert Parkland Regional Health Authority, through its own consultation process with management, staff, physicians and partners, developed its own strategic improvement priorities to support the provincial goals.

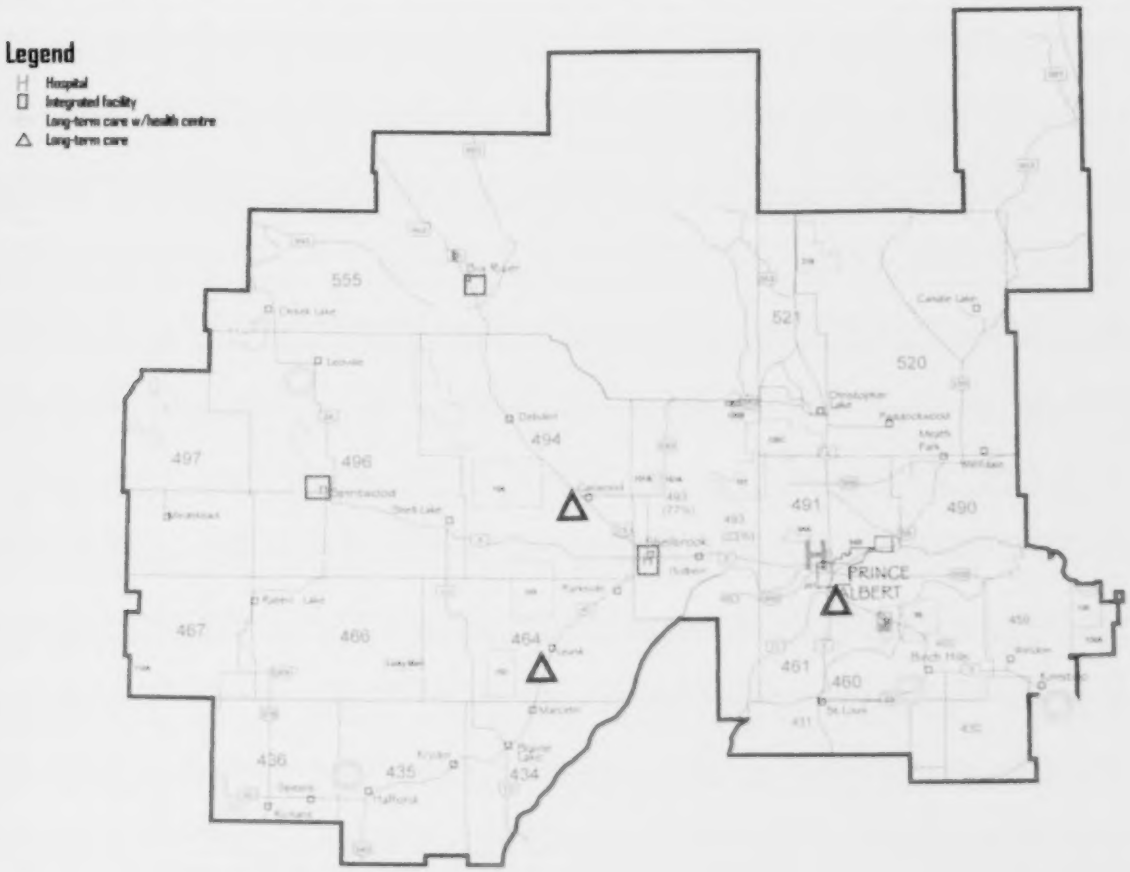
The following Prince Albert Parkland strategic priorities were chosen for 2016-2017 to support the provincial goals for key areas of access, quality and safety:

- **Culture of Safety**—Implementation of the Safety Management System and Safety Alert/Stop the Line.
- **System Flow**—Improve access for patients and reduce Emergency Department waits.

The strategic priorities include work throughout the entire organization. For example, tracking of access to primary care providers which can affect the use of the Emergency Department for non-urgent issues, or length of time to wait for laboratory results for patients in the Emergency Department which can affect the length of time patients spend at the hospital.

The work on safety has been piloted in specific facilities and units. The work is in the process of being rolled out to all sites and programs in the health region.

OVERVIEW



Located in central Saskatchewan, the Prince Albert Parkland Health Region covers an area of about 29,000 square kilometres, ranging from Hafford in the southwest to Candle Lake in the northeast, and from Big River in the northwest to Kinistino in the southeast.

The Prince Albert Parkland Regional Health Authority is responsible for the delivery of health-care services for this area with a population of 82,636 people (Ministry of Health Covered Population June 30, 2016).

The largest community is the City of Prince Albert, with a population exceeding 45,000. Other communities from which health-services are based include Shellbrook, Birch Hills, Spiritwood, Big River, Leask, Canwood, Leoville, Hafford, Blaine Lake, Kinistino and Candle Lake. There are 12 First Nations located within Prince Albert Parkland, with a total on-reserve population of more than 11,000 people.

The Prince Albert Parkland Regional Health Authority board of directors is appointed by the Minister of Health. As of March 31, 2017, there are 10 board members. They are noted on Page 4.

The board of directors held 10 regular meetings in 2016-2017, with eight of the 10 meetings in Prince Albert in the 2016-2017 fiscal year. One meeting was held in Big River (June 2016) and one in Spiritwood (September 2016). A regular board meeting originally planned for March 30, 2016 was rescheduled for April 7, 2016.

In addition to the regular meetings, the RHA board held one special meeting in Prince Albert in July 2016. Background materials for the meetings, including minutes, can be found on the RHA's website (www.paphr.ca).

OVERVIEW

The board of directors has six key areas of responsibility:

- Strategic planning;
- Fiscal management and reporting;
- Relationships;
- Quality management;
- Monitoring, evaluation and reporting; and
- Management and performance.

The Regional Health Authority board of directors hires a Chief Executive Officer. The CEO reports on the RHA's compliance to policy, and achievement of goals and the results of measurements based on strategic goals approved by the board of directors.

The Chief Executive Officer is responsible for the day-to-day management of the organization. The organizational chart as of March 31, 2017 is included as Appendix A on Page 63.

The Regional Health Authority has developed a committee structure to further the goals of the Region. Standing committees are the Board Finance Audit Committee and Quality and Safety Committee. The board also has the Practitioner Liaison Council (with physician representation). To assist in receiving community feedback, the RHA assigns board members to attend Primary Care Community Advisory Networks. The committee members provide feedback to the board about initiatives and strategic planning, and raise issues affecting health-care services. The board of directors also appoints members to other committees and boards, including the Victoria Hospital Foundation and the Shellbrook and Districts Health Services Foundation.

In addition to providing health care services to the population of the Region, Prince Albert Parkland is a source of specialized health care services to people throughout northeast and northern Saskatchewan.

Recognizing excellence: Lifetime Achievement
Four individuals, above, from left, Dr. Brenda Hookenson, Tom Tilford, Aleta Allen, and Dennis Serfas, were presented with Lifetime Achievement awards at the 2016 Health Excellence Award held in May 2016.

Programs and Services

The Prince Albert Parkland Regional Health Authority provides services to more than 2,000 individuals every day, including long-term care residents, mental health clients, service at home or hospital inpatients. They may be receiving services from Home Care or Public Health, or visiting an Emergency Department or have an appointment with a Nurse Practitioner. (Table 1, Page 9)

Rehabilitation clients are seeing a physical or occupational therapist. Individuals are seeking help for substance abuse through both inpatient and outpatient addiction service programs. Public Health Inspectors are monitoring food services, swimming pools and other public venues to ensure standards are being met. Home Care staff are providing nursing and support services to help people maintain maximum independence in their own homes.

The Prince Albert Parkland RHA has more than 2,400 employees (2040.46 full-time equivalents during the fiscal year) working in 24-hour facilities and community-based programs.

The largest facility is the Victoria Hospital, a regional centre that not only serves the residents of the region but is also a major referral centre for secondary specialist services for northern and northeast Saskatchewan. With more than 130 beds (medical, surgical, pediatric, obstetrics, intensive care, palliative) available, the Victoria Hospital has 24-hour on-call coverage for obstetrics/gynecology, orthopedics, pediatrics, general surgery, internal medicine, radiology, anesthesia and psychiatry. Other specialist services include ophthalmology, urology, ENT (ear, nose and throat), pathology and dental surgery.

Table 1: Service Volumes—Prince Albert Parkland Regional Health Authority (as of March 31 of the fiscal year)

Program/service area	2016-2017	2015-2016	2014-2015
Laboratory visits—Victoria Hospital	227,555	227,541	212,722
Laboratory visits—Shellbrook Hospital	14,428	15,283	14,080
Laboratory visits—all other rural [1]	15,315	14,547	14,555
X-Ray visits—Victoria Hospital	27,815	28,819	26,153
X-Ray visits—Shellbrook Hospital	3,633	3,696	3,184
X-Ray visits—all other rural [2]	1,388	1,450	1,648
CT visits—Victoria Hospital	9,831	8,991	8,240
CT exams—Victoria Hospital	10,204	9,553	8,562
Acute Care inpatient days—Victoria Hospital	47,941	48,558	47,766
Acute Care inpatient days—Shellbrook Hospital [3]	4,664	5,713	6,182
Emergency department visits—Victoria Hospital	30,555	30,092	27,993
Emergency department visits—Shellbrook Hospital	7,212	7,384	7,251
Ambulatory Care outpatient visits—Victoria Hospital	18,233	18,096	17,870
Operating Room Cases—Victoria Hospital			
Inpatient	1,655	1,731	1,652
Outpatient	4,084	3,911	4,046
Hemodialysis Treatments—Victoria Hospital	7,606	7,189	7,188
Long-term care—resident days (all facilities) [4]	207,444	210,227	206,807
Long-term care—residents per day (all facilities) [4]	568.4	574.4	566.6
Physical Therapy—number of treatments	35,949	35,778	34,340
Occupational Therapy—number of treatments	10,267	10,166	10,764
Speech Therapy—number of treatments	4,035	3,921	3,843
Cardiac and Pulmonary Rehabilitation—number of treatments	11,883	11,020	10,462
Home Care—number of nursing visits	58,215	56,926	48,022
Home Care—number of homemaking visits	96,101	104,799	91,972
Home Care—number of meals	22,271	23,685	28,736
Addiction Services—total new outpatient files	2,642	2,124	2,275
Mental Health Outpatients—total visits (Adult & Youth)	60,334	49,456	50,809
Public Health—total provincially funded vaccinations	17,401	10,607	14,639
Primary Care—total visits at PAPHR clinics[5]	37,361	41,820	42,261

1– All other rural includes Hafford Primary Care Site, Kinistino Health Centre, Birch Hills Health Centre, Big River Health Centre, Spiritwood and District Health Complex
2—All other rural includes Big River Health Centre, Spiritwood and District Health Complex
3—Due to lack of Registered Nurses, inpatient capacity was reduced during most of the fiscal year to a maximum of 15 beds in 2015-2016 and 2016-2017. There was a period when the maximum was 10 beds.
4—Includes 11 facilities operated by PAPHR and the affiliate Mont St. Joseph. Pineview Terrace gradually expanded capacity by 26 beds during the 2014-2015 fiscal year. Herb Bassett Home has reduced bed availability at times to accommodate renovations.
5—For 2014-15 included Shellbrook, Spiritwood, Big River, Birch Hills, Leoville, Hafford/Blaine Lake, Kinistino. For parts of 2014-2015 and all of 2015-2016 and 2016-2017 includes those plus Ahtahkakoop, Big River FN and Candle Lake. Some clinics were not fully staffed for the entire 2016-2017 fiscal year.

The Prince Albert Parkland Regional Health Authority programs and services also includes:

- The Acquired Brain Injury program (with SGI partial funding) provides support for residential and individual programs. The program provides awareness and education about preventing brain injuries.
- Public Health Inspection is a community-based program. Its goal is to protect the health of the people in the Prince Albert Parkland Health Region from environmental risks. Programs and services protect the public's health and safety by ensuring:
  - safe food;

- safe water;
- safe public swimming pools and recreational water;
- safe housing;
- safe residential indoor air quality.

- Access Place, in Prince Albert, provides a variety of services to individuals, including:
  - Testing and treatment for Sexually Transmitted Infections (STIs)
  - Pregnancy testing
  - Hepatitis A, B, and C testing and follow-up care
  - HIV point of care testing and follow-up care
  - Hepatitis B immunizations
  - Referrals to the Hepatitis C and HIV Program, Addiction Programs, Detox, Methadone Program, Physicians, Hospital
  - Educational presentations and in-services on STI's, HIV, Hepatitis C, Occupational Risk
  - Needle Exchange Program
  - Presentations and in-services on Hepatitis C and HIV and related issues.

Better Care: Chemotherapy Nursing Team
All members of the team on a daily basis deliver patient and family centered care to patients in need of hope. They always put their patient's first and go above and beyond to ensure that the patients needs are always taken care of. The staff members truly define the word "care". Many patients present to the unit with fears and apprehension. The members of this team welcome the patients as family and provide a warm and caring environment for treatment focusing on the human being, and not the disease.

Key partnerships

In order to deliver the necessary programs and services, the RHA partners with a number of organizations. The RHA requires that partners follow reporting mechanisms to ensure accountability from all of the health care organizations that receive funding. The partnerships are a valuable resource and monitoring their performance and effectiveness is one way to reduce risks for the health region.

The largest single partner is Mont St. Joseph Home Inc., an affiliated special care home in the City of Prince Albert. Other community-based partners provide services in a number of areas, including addiction services, mental health services, crisis support services and primary care.

The Regional Health Authority also works with contracted ambulance services based in Prince Albert, Big River, Spiritwood and Blaine Lake. The four services combined for more than 12,364 trips in 2016-2017(Prince Albert Parkland RHA financial data).

Other community partners include:

- Family Futures provides parent support for the eastern part of the health region. Workers provide counseling, referral and emotional support. A partnership with Family Futures Inc. was established to deliver the outreach component of the Fetal Alcohol Prevention Strategy. Family Futures employs two outreach workers to provide support to at-risk families in the childbearing years. Other programs provided under the strategy by this agency includes a parenting program and a prenatal clinic at the Family Futures site. The prenatal clinic is operated by a nurse practitioner employed by the health region and a physician from the Prince Albert Cooperative Health Center.
- Self Help and Recreation Education (SHARE) provides vocational and pre-vocational opportunities for persons with mental illness in Prince Albert. SHARE operates a group home for clients discharged from Mental Health Inpatient unit at the Victoria Hospital. The RHA provides funding to this agency to

increase bed capacity at the group home and the addition of recreational and employment preparation services.

- The Prince Albert Branch of the Canadian Mental Health Association (CMHA) assists people with emotional and mental illnesses to live in the Prince Albert community independently. CMHA offers clients easier-skilled jobs and pre-vocational training. This includes employment at As Good As New (a used clothing store in Prince Albert), and obtaining skills training through the quilting projects, shopping skills project, and other life skills. The RHA also provides funding to CMHA to employ an assisted living worker at their apartment complex in Prince Albert.

Better Value: Materials Management

Kanban is described as an inventory management system to enhance the flow of supplies. The Materials Management team is small but mighty, and has worked diligently with other departments in the region to continually improve the inventory management process by portraying all aspects of Better Value in our Healthcare System. The team has been said to be always available to support and encourage other departments in the region and continually come up with great ideas and solutions. To continue to smile through an often difficult process has made a huge impact on other employees. It is because of the good nature of these member's and endless preparation prior to an event that allows the region to be so successful in many projects.

- Prince Albert Co-operative Health Centre is home to the Methadone Program for IV opiate drug users. The clinic's physicians also provide services at the Birch Hills Health Centre – one of the health region's Primary Care sites.

- Mobile Crisis Cooperative provides services to individuals in crisis, with services including a crisis phone line, mobile workers who attend to the clients, and a sexual assault program.

- The Prince Albert Early Childhood Intervention Program delivers the Kids First Community Development program for the rural east side of the health region.

- Prince Albert Parkland is also represented by two staff members on the board of directors for the Valley Hill Youth Treatment Centre, which is a non-profit organization that has representatives from the Prince Albert Grand Council and Ministry of Health.

Population health status

Working with community partners, both health care organizations and other human services, are necessary to address the health status challenges of the RHA's population. The health-care challenges are often the result of poor social determinants of health, and require a community-wide effort to assist people in need.

Prince Albert Parkland's population has a higher rate of people who are both overweight and obese than the rest of Saskatchewan. The trend is the same for chronic illnesses such as arthritis, diabetes, asthma, and high blood pressure. (See Appendix C: Health indicators, on Pages 67-70.) Assisting the population who are struggling with one or more chronic illnesses is a major challenge for the RHA's primary health care providers. Access to services when people are able to attend clinics is a key component of the Primary Health Care strategy. This includes reviewing clinic hours, including later hours during the week and weekend shifts, in RHA operated clinics. It is important for the RHA to work with Health Care Organizations and other human service agencies in order to meet the needs of a vulnerable population.

Prince Albert Parkland is a partner in the City of Prince Albert's Community Mobilization effort, which is led by the Prince Albert Police Services. In add'tion to the Prince Albert Parkland RHA, the partnership includes representatives of a variety of public organizations from social services, education, justice and health care fields. The Community Mobilization effort is about breaking down barriers between organizations, and working together to find solutions for both specific individuals and the community. There is case management for specific individuals, where partner organizations work together to find solutions and improve both social and health conditions.

The RHA also works with other communities through Primary Health Care Community Advisory Networks or Committees. These networks or committees, which include Prince Albert Parkland staff members and interested community members, continually review and discuss community health-care needs and potential solutions that could utilize the RHA's resources or determine an appropriate resource within the community.

Risk management issues

Similar to other RHAs, Prince Albert Parkland faces challenges for recruitment and retention of health-care providers. The region is continuing efforts to recruit staff to fill all permanent positions, and to address temporary vacancies (for both short and long-term absences) that can affect the availability of services in rural communities in particular.

Prince Albert Parkland also continues to manage capacity issues at Victoria Hospital. With an average daily census of almost 100 per cent, additional staff members are often required to ensure patient and staff safety. The RHA continues efforts (including specific improvement events) to improve patient flow, discharge planning and bed management to minimize the impact on patients – both surgical and medical.

Better Teams: Healing Hurting Hearts Bereavement Camp
Healing Hurting Hearts is an annual bereavement camp offered in May at the beautiful Camp Kinasao at Christopher Lake. The camp provides support for children and youth. The camp was co-founded by Dennis Serfas, Donna Christopherson and Elaine Billay in 2001. The camp is uniquely designed to allow youth time to share their grieving process and express difficult emotions in a caring and safe environment. Some of the dynamic therapeutic activities at the camp include story, art, song, recreation therapy, pet therapy, yoga and spiritual care.

PROGRESS IN 2016-2017

Putting Patients First

better health • better care • better value • better teams

The Progress in 2016-2017 discusses the Prince Albert Parkland Regional Health Authority's efforts to meet both provincial and regional targets for quality, cost, delivery, safety and morale. Information in this section will address the overall provincial goals and targets, as well as regional priority projects and service lines. The Minister of Health and the Regional Health Authorities set targets and goals based on the themes of Better Care, Better Health, Better Value and Better Teams.

- Better Health Strategy—Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.
- Better Care Strategy—In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.
- Better Value Strategy—Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.
- Better Teams Strategy—Build safe, supportive and quality workplaces that support patient- and family -centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers

For 2016-2017, Prince Albert Parkland identified two priority areas:

- Culture of Safety—Implementation of the Safety Management System and Safety Alert/Stop the Line.
- System Flow—Improve access for patients and reduce Emergency Department waits.

The Regional Health Authority selected targets to achieve in each service line (Integrated Health Services, Primary and Community Care, Clinical Support Services and Quality Performance, Human Resources, Finance and Corporate Support Services, and Senior Medical Officers) that support the goals of improving safety for patients and staff members, and for improving system flow and reducing wait times.
The information in this section is organized by those service lines.

This section will outline the RHA's efforts to meet provincial targets, the challenges that remain, and plans to meet targets that have not yet been met. The information is from regular reporting processes that include data and analysis from reports to the RHA board of directors, quarterly reviews, visual daily management, regional senior management visibility walls, and reports to the Ministry of Health.
This section will demonstrate the alignment between the RHA's efforts with the specific Ministry of Health's strategic goals and performance measures. The RHA will only report on the goals and performance measures that are specific to RHA activities.

PROGRESS IN 2016-2017

Integrated Health Services

Prince Albert Parkland's Integrated Health Services service line includes all acute care inpatient units, long-term care facilities, other acute care nursing services, the patient care coordinator unit, and the spiritual care program.

As part of the contributions to meeting provincial priorities and performance targets, the Integrated Health Services service line focused on targets in emergency department access, long-term care standards, and safety for patients, residents and staff members.

Performance targets and outcomes

- By March 31, 2017, there will be 35% reduction in wait time targets measured from the 2013-14 baselines in the Emergency Department

Victoria Hospital is the only hospital with measurements included in the provincial wait times. All communities combined are those being measured across the province.

Overall wait times from the time the patient is seen at triage to the time the physician initially sees the patient has remained steady from the initial November 2015 reduction with the exception of the flu season in December 2016. This created an increase in most wait times across the Emergency Department (Chart 1, Page 14).

Chart 1: Prince Albert Parkland RHA (Victoria Hospital) Triage to Initial Physician Assessment Time, all triage categories combined

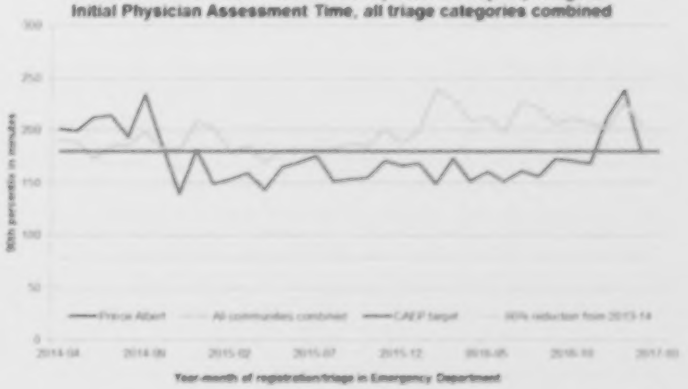


Chart 2: Prince Albert Parkland RHA (Victoria Hospital) Emergency Department Length of Stay Non-Admitted Patients CTAS I-III

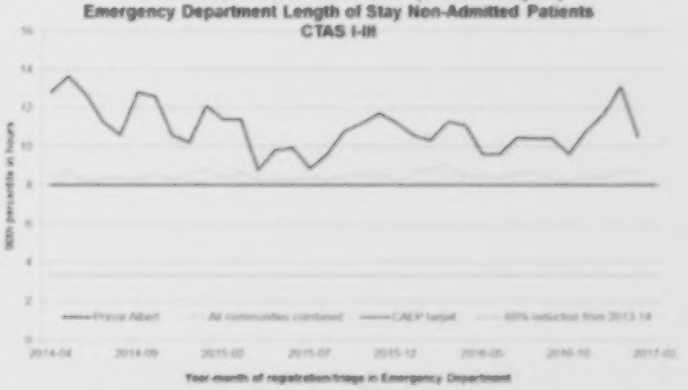
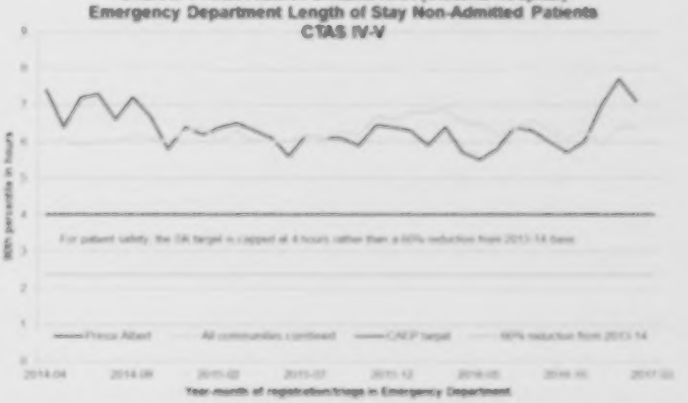


Chart 3: Prince Albert Parkland RHA (Victoria Hospital) Emergency Department Length of Stay Non-Admitted Patients CTAS IV-V



- By March 31, 2017, 100% of all Medical / Surgical and Critical Care Units will have implemented interdisciplinary physician attended bedside rounds in provincial and regional hospitals.

The health region implemented this in all medical/ surgical and critical care areas noting the increased patient and family satisfaction where their questions are answered and there is an opportunity for the team to create a plan.

- By March 31, 2017, Alternate Level of Care (ALC) data will be captured in 100% of hospital adult units across Saskatchewan.

The health region was successful in meeting this goal set by the province. The next step will be the ability to utilize the coded data to determine where the problems lie when people remain in hospital when they no longer require acute care. One example is no facility available to transfer to at the time one is declared ALC.

- Meeting Expected Length of Stay (ELOS) For Non-admitted Emergency Department (ED) Patients—ED Length of Stay at 90th percentile (CTAS I-III and CTAS IV-V)

An examination of the reasons for longer stays in the Canadian Triage Acuity Scale (CTAS) I-III categories (more urgent) was undertaken. Two top complaints on presentation to the ED were abdominal pain or chest pain. The presenting complaints are not the diagnosis of what is wrong, and CTAS scores are a way to sort how soon a patient is seen. The care after that within the department can be quite different depending on the diagnostics and assessments conducted. The majority of patients in this category were

discharged home. An examination of these to streams of care will be conducted in the upcoming year. (See Charts 2-3, Page 14, Charts 4-5, Page 15)

- By March 31, 2017, 100 per cent of Saskatchewan long-term care facilities meet the benchmark targets established for the seven quality indicators.
- By March 31, 2017, 100 per cent of long-term care staff have reviewed all modules of the Program Guidelines for Special-Care Homes.

Chart 4: Prince Albert Parkland RHA (Victoria Hospital) Emergency Department Length of Stay Admitted Patients, all triage levels

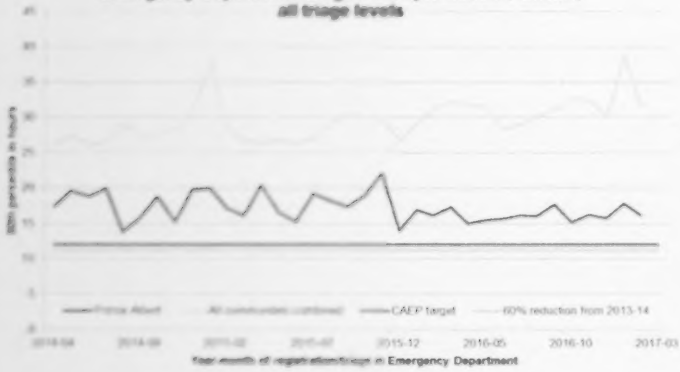
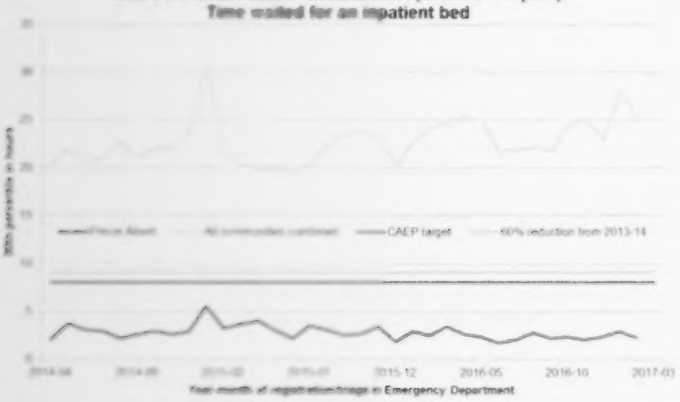


Chart 5: Prince Albert Parkland RHA (Victoria Hospital) Time waited for an inpatient bed



The health region managed to have 80 per cent of all care staff review the Program Guidelines for Special Care Homes. The guidelines required all policies and procedures in the region to be updated/reviewed to ensure that the education was accurate for all staff. The goal for March 31, 2018 is that 100 per cent of all staff are to review the modules for the Guidelines.

- By March 31, 2017, a baseline will be established for resident and family experience in long-term care.

The health region participated in a provincial survey in October of 2016 in order to obtain a baseline measurement on experience across the province. The health region will be using this baseline data and future surveys, along with meetings held with resident councils, to identify areas requiring improvement and to address concerns about quality of care.

- By March 31, 2017, 67 per cent of long-term care facilities will have implemented Purposeful Rounding.

All of the health region's long-term care facilities (11 owned, one affiliate) have implemented purposeful rounding.

- Utilize Clinical Assessment Protocols (CAPs) Care Plan in 50 per cent of Long-term Care (LTC) facilities.

All of the health region's long-term care facilities are utilizing these protocols that are produced quarterly when residents have an assessment. They reflect risk for falls, pain, tendency towards depression, etc. Utilizing these protocols in an active care plan will prevent concerns from worsening, or, prevent visits to the Emergency Department. In addition, the health region has implemented 80 per cent of all guidelines, and expects to be at 100 per cent in the next fiscal year.

This was achieved through the implementation of two Rapid Process Improvement Workshops (RPIW).

In October 2016, RPIW 52 had a goal of designing standard work to complete CAPs care plan and bedside care plans upon completion of quarterly assessments at Evergreen Health Centre in Leoville. The RPIW team, including Evergreen staff members, introduced work standards for completing MDS assessment, completion of My Care Plan, a three-month medication review, resident and family care plan review, and developed a revised bedside care plan. This process met all measurement targets and was declared a Key Accomplishment (sustained success). The new work standards, My Care Plan, and My Bedside Care Plan, have been rolled out to all of the other facilities within the health region.

In addition, RPIW 58 was held at Birchview Home in Birch Hills in February 2017. The goal was to formalize and standardized the Provincial Suicide Prevention Protocol in Long-Term Care. The targets from the event are being met and will continue to be monitored in 2017-2018. The process is being rolled out to the health region's other long-term care facilities.

PROGRESS IN 2016-2017

In addition to the efforts to meet those provincial and regional targets, Prince Albert Parkland has utilized other quality improvement initiatives within the Integrated Health Services portfolio. These include:

- RPIW 53 (October 2016), with the goal to eliminate defects in patients' pre-operative (Pre-Op) package that create delays in Operating Room (OR) start time at Victoria Hospital. The current Pre-Op envelope checklist was replaced with a checklist that is more relevant to OR Scheduling. Pre-Op Assessment guideline changed to Pre-Op Assessment guidelines changed to Pre-Op Assessment checklist and were published on the physician's medical record as part of a mandatory Pre-Op package. Charts of the first four surgery patients are reviewed the day before for missing information, and issues fixed before day of surgery. As of March 2017 the improvement targets were not being met. Corrective action plans, including work on communication between family physicians and specialists, were developed. The results will continue to be audited in the 2017-2018 fiscal year.
- RPIW 60 (February 2016), with the goal to improve the experience for Palliative Care Clients through enhanced communication, service coordination, and seamless transitions between acute care and community. A Palliative Passport was developed to ensure all relevant information travels with the client. All Palliative patients admitted to acute care will now be assigned a Patient Care Coordinator to assist in discharge/transition planning. Palliative Patients will be referred to the Home Care Palliative Team as soon as they are designated palliative, which will allow for early contact and support for these patients and their families. The event also worked to improve coordination between multiple service providers to ensure smooth transitions for the palliative patient and that all service providers have access to the relevant information they need for optimum patient care. The first audit for the improvement targets was in March 2017. The targets were not yet met; however, corrective action includes continued training for all staff members involved to ensure information is being shared and following the patient.
- Mistake Proofing Project (June 2016) with the goal of 100 per cent completion of Medication Reconciliation on discharge from Victoria Hospital's Level 4. The team's work now enables unit clerks to directly print discharge medication reconciliation from the unit from 7—8:30 a.m. daily. They get charts ready for discharge based upon a discharge system. The team also introduced visual cues for physicians based on most frequently missed components
- Mistake Proofing Project (March 2017) with the goal to eliminate medication errors in Pineview Terrace long-term care facility. Standard Work was created to standardize delivery of medications addressing unnecessary interruptions by announcing commencement, as well as improving safety practices when using med carts. 5S (Sorting, Simplifying, Sweeping, Standardizing, and Self Discipline) was conducted in multiple areas in the facility, making available a new lockable space for the medication cart that includes storage and a work space. The fax machine was moved from the manager's office to the nurses' office, reducing walking time and distance travelled for medication orders.

Housing for health sciences students opened

Dr. Tom Smith-Windsor, centre, cuts the ribbon on the new Dr. Tom Smith-Windsor House on the Victoria Hospital site in July 2016. He was flanked by Greg Ottenbreit, Rural and Remote Health Minister, left, and Brenda Abrametz, Prince Albert Parkland Regional Health Authority board chairperson.
The Dr. Tom Smith-Windsor House, with 21 suites and apartments, replaces housing on the grounds of the former Pineview Terrace Lodge. Students and visiting health providers are now being housed in the new building. Students in medical school or other health professional programs (registered nursing, psychology, respiratory therapy and medical laboratory work) use the housing services while they pursue training in Prince Albert. The health region also provides housing for locum physicians (visiting physicians, often filling vacations or other leaves to ensure continuous on-call coverage) and physicians in the Saskatchewan International Physician Practice Assessment (SIPPA) program.

Primary and Community Health Services

Prince Albert Parkland's Primary and Community Health Services service line includes Mental Health inpatient and outpatient programs, Addiction Services, Primary Health Care, Access Place and Outreach Services, Population and Public Health Services, Environmental Protection Services, and Therapies.

As part of the contributions to meeting provincial priorities and performance targets, the Primary and Community Health Services service line focused on targets in mental health services access, primary health care access, home care standards, and safety for patients, clients and staff members.

Performance targets and outcomes

- By March 31, 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Health Care Team for care on my day of choice either in person, on the phone or via other technology."

Chart 6: Prince Albert Parkland RHA Primary Health Care Clinics Third Next Available Appointment

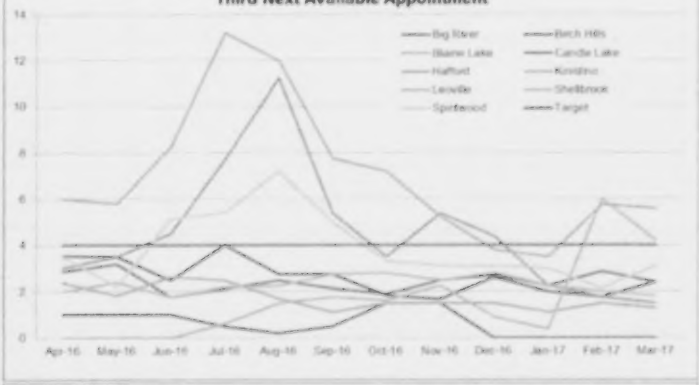
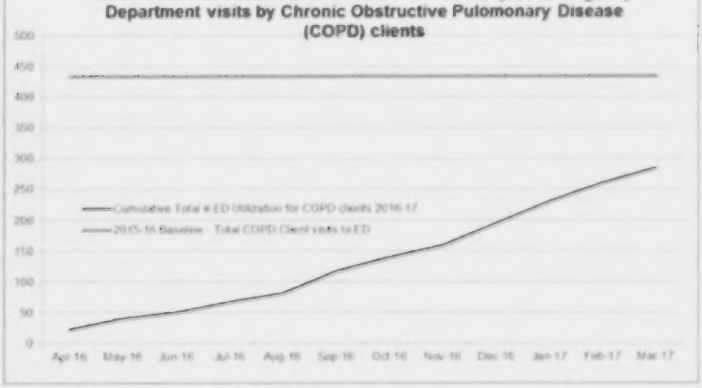


Chart 7: Prince Albert Parkland RHA Victoria Hospital Emergency Department visits by Chronic Obstructive Pulomonary Disease (COPD) clients



While most sites are meeting targets, the health region has had some challenges in meeting targets (Chart 6, Page 17) for access to primary health care providers at some of its primary health care clinics. Many of the longer waits are associated with the availability of providers (both physicians and nurse practitioners), due to either vacant positions or lack of relief for vacation or other leaves. The health region continues to recruit and work on retention of health care providers, including work with local community recruitment committees, to reduce the impact of vacancies.

- By March 31, 2017, 45% of patients with four common chronic conditions (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease (COPD), and Heart Failure) are receiving best practice care as evidenced by completion of provincial templates available through approved electronic medical records and the Electronic Health Record viewer.
  - ⇒ Target: 10% decrease in hospital utilization for patients managing COPD. The health region is tracking the number of ED visits/ hospitalizations for patients with COPD pre & post member group engagement

The health region has a number of initiatives to improve the management of chronic illness. The major focus has been on Chronic Obstructive Pulmonary Disease (COPD), which was identified as the most common chronic illness that resulted in Victoria Hospital Emergency Department visits. One key initiative was creating a Nurse Practitioner position within the Home Care program to provide specific case management for COPD clients.

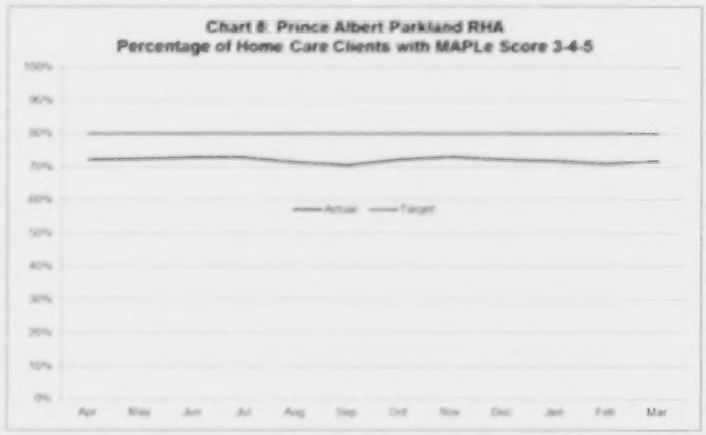
A Rapid Process Improvement Workshop (RPIW) was held in November 2016 with the goal of establishing a referral process for patients with COPD to be linked with existing Home Care Nurse Practitioner (NP) program to provide them with added support in the community. The RPIW resulted in a new referral process/awareness of Home Care NP program which will allow a variety of health care/ community professionals to link their clients with COPD who require additional support in the community with the Home Care NP.

Chart 7 (Page 17) shows that the clients who have been referred to the Home Care NP are having significantly fewer visits (43 per cent decline) to the emergency department. This data will continue to be collected to ensure the gains are sustained.

PROGRESS IN 2016-2017

- By March 31, 2017, the percentage of clients with a MAPLe (Method for Assigning Priority Levels) score of three to five living in the community supported by home care will increase to 80 per cent.

MAPLe scores range from 0-5; the higher the score, the higher the client need and risk for institutionalization. MAPLe scores are generated from the assessment tool used in homecare called the RAI-HC. The Ministry's target for 2016-17 is that the health region's Home Care client caseload who require more than short-term nursing, will be comprised of 80 per cent of clients with a MAPLe score of 3,4 or 5. In the interest of expediting the set-up of service quickly, Home Care assessors were using a shorter version assessment tool called the RAI-CA. This tool does not generate a MAPLe score. The health region's policy was changed in August 2016 so assessors will follow-up with a RAI-HC after the shorter version RAI-CA within 30 days as opposed to 90 days as previously written. Although Chart 8 (Page 18) does not yet show the desired effect, this change should eventually increase the number of MAPLe scores allowing the target of 80 per cent to be met. This will continue to be measured in 2017-2018.

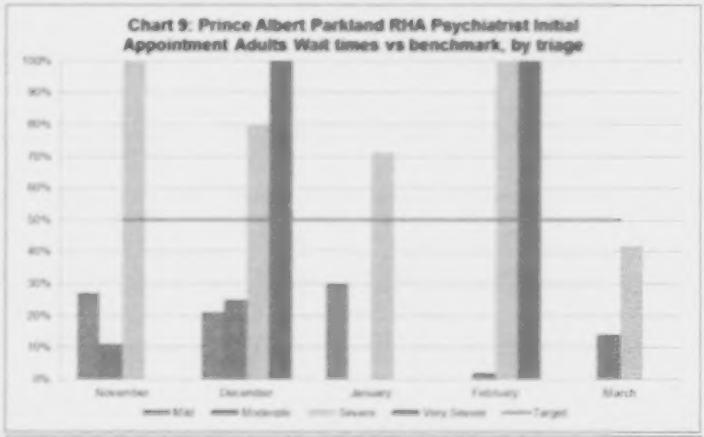


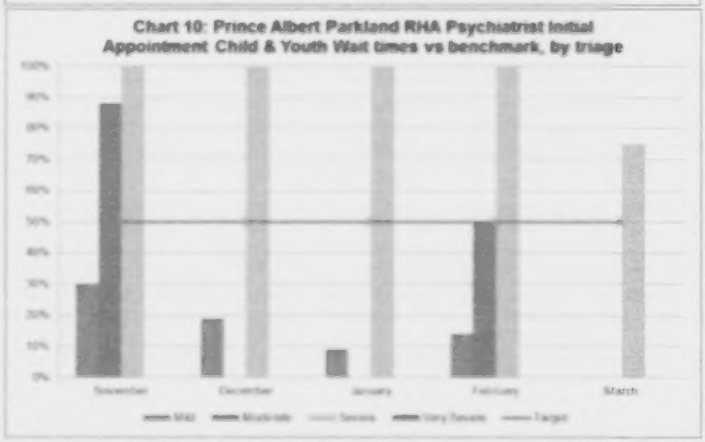
- By March 31, 2017, meet triage benchmarks for outpatient mental health and addiction services 100% of the time and for contract and salaried psychiatrists 50% of the time.

The RHA struggled to meet benchmarks for adults seeing a psychiatrist for most of the 2016-2017 fiscal year (Chart 9, Page 18). A primary cause of the challenge is ongoing vacancies in psychiatry positions in Prince Albert. The recruitment and retention of health care providers, including specialists, is often a challenge. With three vacancies at the end of the fiscal year, it was not possible to meet the benchmarks and wait times were increasing for both adults and child and youth clients (Chart 10, Page 18).

The RHA has one dedicated child psychiatrist, which limits the availability to respond in a more timely fashion. Children and youth clients are also seen by other psychiatrists; however, the wait time data is only collected for the dedicated child psychiatrist. While benchmarks were not met, clients requiring services were given the opportunity for appointments (or through walk-in clinics) to meet with other mental health service providers.

Recruitment of additional health care providers remains a priority, and will have the greatest impact on the health region's ability to meet the wait time benchmarks.

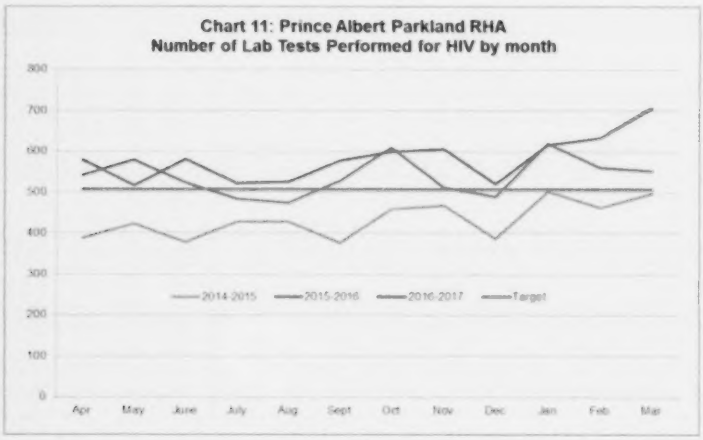




PROGRESS IN 2016-2017

The Prince Albert Parkland Health Region has a high incident rate of HIV. The health region has undertaken a number of initiatives aimed at both the public and health care providers to raise awareness about the need for testing. The health region has met targets for number of tests during the past two fiscal years (Chart 11, Page 19), and will continue to work towards normalizing the process for testing for HIV and other sexually transmitted infections.

In addition to the efforts to meet those provincial and regional targets, Prince Albert Parkland has utilized other quality improvement initiatives with the Primary and Community Health Services portfolio. These include:



- RPIW 49 (April 2016): Create and implement a standard care process for Substance Related Disorder diagnostic group in adult mental health inpatient unit from admission to ready for discharge. This RPIW team developed an admission package for the unit that includes a trigger, and a referral is part of the admission package with a check box to ensure staff complete and ensure no patients are missed. A daily addiction intervention session is held Monday to Friday with an addictions counselor taking the lead to reach more clients in a group setting, and to provide an inviting environment in addition to one-on-one counselling. Bedside communication boards are now used to improve interaction between provider and the patient. There is also additional sharing of addictions screening tool on patients chart. The targets for this RPIW have been met and it is considered a Key Accomplishment.
- RPIW 55 (October 2016): Reduce the Lead Time for Children to Access Therapies – Pediatric Early Development Services (PEDS) Team Assessment. The referral and intake process are more family friendly and will ensure that families of the children who are referred are engaged in the intake process. The revisions to the referral form and creation of a family friendly "Caregiver Questionnaire" should make it easier for families to refer their children for a PEDS Team Assessment and move through the intake process. The audit results were still not meeting targets as of March 2017, and corrective action plans focus on education and training for all providers.
- RPIW 61 (March 2017): Developed processes to ensure that all clients will have accurate, useful, and timely information sharing to ensure safe transitions in care between the Mental Health Inpatient Unit (MHIP) and Community Rehab and Residential Services. Information sharing between service providers will occur in a consistent timely manner to ensure that clients are supported in their transitions between MHIP and the Community Mental Health Nurse (CMHN). Clients will be supported as they transition between MHIP and CMHN, and staff will have the information they need to allow them to support clients as they transition between services. The first audit results for this improvement event were to be reported in April 2017.

Family Room grand opening
The ribbon is cut to mark the official opening of the Ronald McDonald Family Room at Victoria Hospital in September 2016. Located on the pediatric unit (Level 3) at the hospital, this provides parents and other family members their own space while they are with a child who has been admitted to the hospital. Ronald McDonald House Charities Saskatchewan, located in Saskatoon, has expanded services to Prince Albert with their Family Room program. Working in conjunction with Prince Albert Parkland Health Region, they enhanced and upgraded the space for families to rest while waiting in the Victoria Hospital for hours, days and weeks for their children to recover.

Clinical Support Services and Quality Performance

Prince Albert Parkland's Clinical Support Services and Quality Performance service line includes laboratory and diagnostic imaging, pharmacy, sterile processing and distribution, health information services, infection control, planning, quality and patient safety, quality improvement office, privacy and freedom of information, and health sciences library.

As part of the contributions to meeting provincial priorities and performance targets, the Clinical Support Services and Quality Performance service line focused on targets in access and timely reporting of diagnostic services results, infection control (e.g.; hand hygiene), medication reconciliation, and safety for patients and staff members.

Performance targets and outcomes

- Timely diagnostic results will be provided to all patients so they can be discharged from the Emergency Department.
- Timely access to results for diagnostic services

The health region has had challenges related to both staffing and regular capacity in its efforts to improve access to diagnostic imaging.

Computerized Tomography (CT) scans saw a significant decline in wait times in the later part of the 2016-2017 fiscal year (Chart 12, Page 20). This was due to the utilization of special funding to expand the operating hours for the Victoria Hospital CT service. This funding was only available for the 2016-2017 fiscal year. The incoming demand for CT exceeds the capacity. The health region is looking at options to manage capacity as well as demand (See Senior Medical Officers information on Page 26).

Access to other diagnostic imaging services, including Ultrasound (Chart 13, Page 20) and Echocardiogram (Chart 14, Page 20), have long waits due to staffing challenges. Vacancies have often taken time to fill, and the health region also has a lack of qualified staff to provide relief for absences such as vacation. These vacancies can lead to increased wait times—particularly for less urgent cases.

The health region has also held quality improvement events in an effort to reduce turnaround time for diagnostic services, particularly for patients in the Victoria Hospital Emergency Department.

Chart 12: Prince Albert Parkland (Victoria Hospital) Computerized Tomography Wait Times, in days

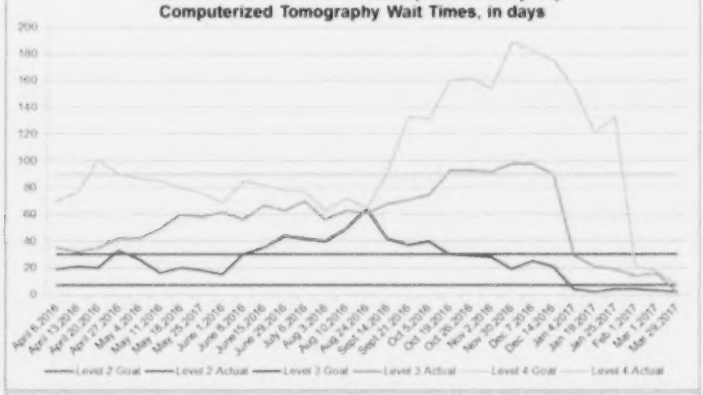


Chart 13: Prince Albert Parkland RHA (Victoria Hospital) Ultrasound Wait Times - Level 2/3 and Carotids, in days

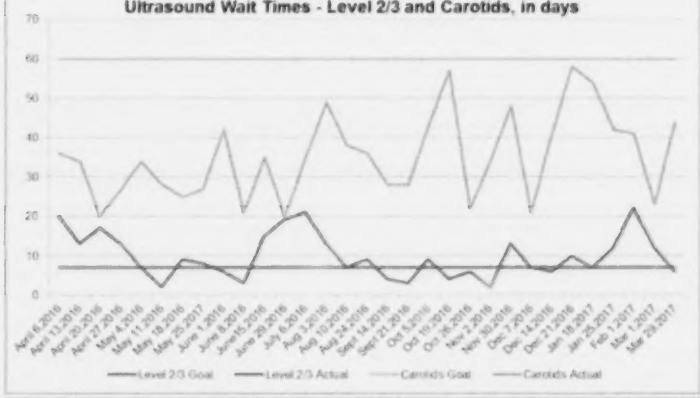
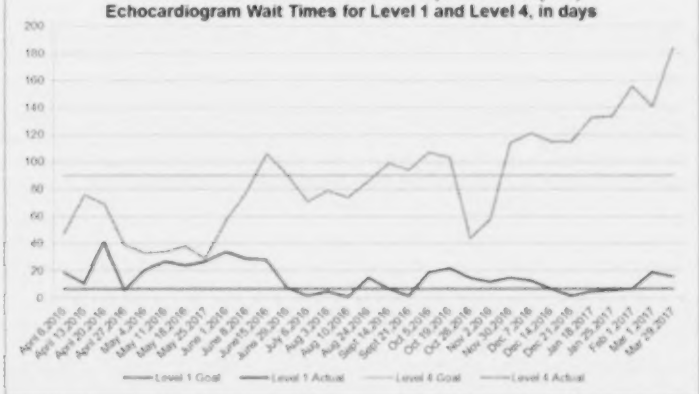


Chart 14: Prince Albert Parkland RHA (Victoria Hospital) Echocardiogram Wait Times for Level 1 and Level 4, in days

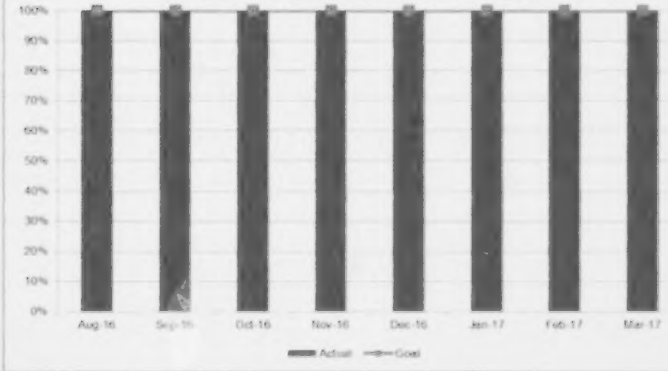


RPIW 48 was held in April 2016, with the goal of improving patient care by eliminating inconsistencies in booking special diagnostic procedures from the physicians' offices. Prioritization of CT requests by radiologists is now completed three times per day instead of once. There is total elimination (100 per cent reduction) in the number of missed communication between the radiologists and unit clerks on emergent CTs. There is 62 per cent reduction in lead time from when the requisition was received to appointment booked. Physician's offices are now notified when a booking is made for their patients. The gains from the RPIW week have not yet been maintained through the audit process. Corrective action includes continued work with referring physicians to identify gaps in communication.

RPIW 59 was held in February 2017, with the goal to reduce lead time from when the laboratory is notified for collection to results released to Victoria Hospital Emergency Department. There is a now a very effective process between laboratory collection and results released to ED, resulting in reduction in potential patient safety risk. The RPIW resulted in more effective communication mechanism between Medical Laboratory Assistants (MLA) through the provision of Vocera (a wireless personal communication device worn by the staff members). There was also improved assignment of tasks for MLA work to improve efficiencies, and role clarification between MLAs and ED nurses regarding performance of Echocardiograms (ECG), and the creation of a central location for completed ECGs in the ED. The team also reduced risk for errors by having demographic labels printed for sample tubes rather than being handwritten. The first audits post-RPIW were in March and the targets were being met. Further auditing will continue in 2017-2018 to ensure the gains are sustained.

A Mistake Proofing Project (June 2016) had a goal of eliminating defects in requisitions (excluding urinalysis and ECGs) arriving at Victoria Hospital Laboratory from the Emergency Department. The team's work introduced a Stop the Line procedure for laboratory staff to not proceed until they have all of the information required for the requisition. There was also a recommendation for further investigation of urine and ECG requisitions, as well as an automated system for completion of laboratory requisitions. The defect rate dropped from more than 17 per cent, to less than one per cent following the project. Work continues on tracking errors and educating providers to avoid defects that can put patients at risk. The project also improved patient flow by reducing waits caused by incomplete requisitions.

Chart 15: Prince Albert Parkland RHA Victoria Hospital Level 4 Percentage of Medication Incidents reviewed



- Improve Chronic Obstructive Pulmonary Disease (COPD) patients' access to Pharmacist services in the ED. Per cent of COPD patients utilizing the ED within 30 days of seeing Pharmacy. (collecting baseline data)

The health region changed what was being looked at to COPD admissions presenting to emergency department within 30 days of discharge. There was no data available in the 2016-2017 fiscal year to measure. The program started in January 2017. The first set of data available will be early in the 2017-2018 fiscal year.

- By March 31, 2017, all health regions and the Cancer Agency will achieve a 100% score on their Safety Alert / Stop the Line (SA/STL) Implementation Assessment.
  - ⇒ Complete operationalized roll-out of Stop the Line on Level 4 (and support services to L4)
  - ⇒ Per cent of near Misses versus Actual incidents on L4

The SA/STL readiness tool, utilized provincially, offered a means of measuring various elements of regional culture—policies and procedures, quality processes, leadership support, and frontline engagement—so as to monitor a region's general ability to proceed with a more robust roll-out of the STL initiative. The health region achieved its goal. Victoria Hospital's Level Four was used as a trial unit, on which was tested the roll out of SA/STL. The output of this trial was an education plan and method of staff engagement by Patient and Family Advisors, which will be utilized on the remaining acute units in 2017-2018.

The province set a goal that 10 per cent of all reported unusual incidents should be near miss reports, defined as a reported incident which was caught prior to any harm reaching the patient. The health region only periodically met the 10 per cent goal on Level Four—and did not achieve this goal for the full fiscal year. As a result, the health region is planning to use smart pump reports in 2017-18. The health region will continue to educate staff members to ensure they are also reporting those incidents

- Pharmacy will review 100% of medication incidents weekly with Victoria Hospital Level 4 Nurse Unit Manger (NUM). Completion of Medication Incident review with L4 NUM

The health region has achieved this goal, after starting the program in August 2016 (Chart 15, Page 21). The health region's Director of Pharmacy reviews all medication incidents with the NUM from Victoria

Hospital Level 4 at weekly meetings. The goal is to determine the root cause of the incident and then look at educational opportunities and process changes to avoid similar incidents. The process has been successful and will continue in 2017-2018. It has expanded to a monthly review of all the medication incidents with the health region's Quality Improvement Office.

In addition to those specific targets, there were other quality improvement initiatives in the Clinical Support Services and Quality Performance portfolio to address quality and safety concerns. These included:

- RPIW 50 (June 2016), with the goal to eliminate inconsistencies in the process for delivery of specialty drug compounds for eye treatment and provision of financial information for patients at the Victoria Hospital. The health region made changes in the billing process for specialty compounds dispensed from the hospital pharmacy. Patients receiving specialty eye injections are now provided with information about the costs of these products, and how they may pay their bills. The billing process has been streamlined and achieved a capacity increase of 46 per cent. This RPIW met improvement targets through 180 days of audits and was declared a Key Accomplishment.
- RPIW 51 (June 2016), with the goal to eliminate the error of patients presenting at registration who are not on appointment lists when presenting at the Victoria Hospital. The RPIW team focused on engagement with physicians and office managers in clinics aimed to ensure patients are on the list, highlighting already existing policies, and trialing an end of day fax option. A "golden ticket"—a card with all patient information—was given to clinics to ensure that even if they were not on the list if they came with this information the time taken to find the appropriate appointment would be significantly reduced. Way finding for patients was improved by trialing new signage, maps, and volunteers available to provide information. The highest defect rate clinics from northern Saskatchewan and on reserve were identified, and a cross regional standard for ensuring patients are given appropriate information and are on the list was trialed. This RPIW met improvement targets through 180 days of audits and was declared a Key Accomplishment.
- RPIW 62 (March 2017), with the goal of eliminating errors of missing patient pink sheets to Health Records upon patient discharge from Victoria Hospital Emergency Department. Patient safety was improved by addressing issues that contribute to missing pink sheets upon discharge from the Emergency Department. Accountability for patient pink sheets is closer to the source (ED) and can be easily located if found to be missing by the ward clerk. Health records staff no longer spend valuable time searching for pink sheets; also the majority of pink sheets going to health records for coding now come with complete information. The first audits for this RPIW are scheduled for April 2017.

Smart pumps rolled out

New smart intravenous (IV) pumps at the patient's bedside will ensure a provincial standard for the administration of intravenous medication, improving patient safety in Saskatchewan.

In November 2016, both the new smart pumps and provincial drug library were rolled out within Prince Albert Parkland. Above, health region staff member are trained on how to use the new pumps prior to the go-live date.

Finance and Corporate Support Services

Prince Albert Parkland's Finance and Corporate Support Services service line includes finance, supply management, food and nutrition services, maintenance, bio-medical services, information technology, information management, environmental services, and emergency medical responders (contracted ambulance providers).

As part of the contributions to meeting provincial priorities and performance targets, the Finance and Corporate Support Services service line focused on targets in food services accuracy, timely response to information technology requests, and preventative maintenance.

Performance targets and outcomes

- 100 per cent of the time the right diet tray will be provided to the right patients, based on the number of diet errors to patients (internal and external to department).

Chart 16: Prince Albert Parkland RHA Diet Errors Reported for Victoria Hospital Nutrition and Food Services

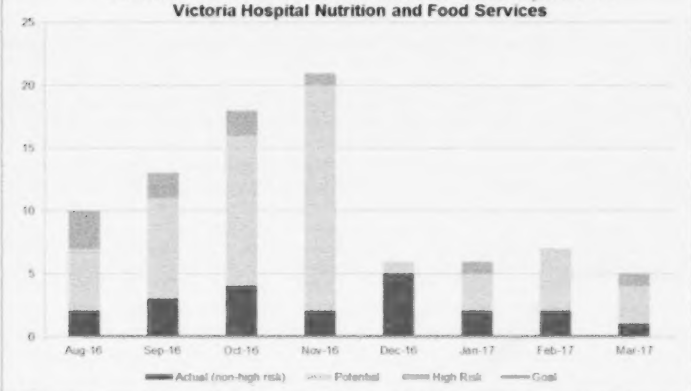
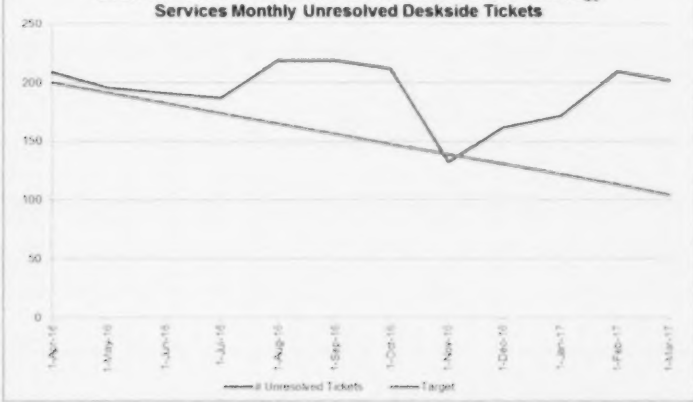


Chart 17: Prince Albert Parkland RHA Information Technology Services Monthly Unresolved Deskside Tickets



The health region recognizes that dietary errors can cause harm to patients. This can include allergic reactions or meals that are inappropriate for the patient due to their care plan (e.g.: being given a meal when on no food while waiting for a surgery).

A Rapid Process Improvement Workshop (RPIW 57) was held in November 2016 with the goal of eliminating errors and improving consistency in dietary tray from order to delivery on Victoria Hospital Level 4. That unit was chosen to test a new process before it is rolled out to all inpatient units. These changes have led to zero errors observed during meal delivery to patients on Level 4 during the RPIW week. However, as Chart 16 (Page 23) shows, there continues to be errors in other areas (both actual and near misses) being reported. Continued education and training is required with staff members—both in the dietary department and nursing units— to eliminate errors and reduce the risk of harm to patients.

- Reduce number of unresolved help desk tickets by 50 per cent by March 31, 2017, with the measurement of the number of unresolved help desk tickets on the first day of each month

The health region recognizes the importance of a timely response to information technology concerns. With many clinical programs relying on information technology, it is vital that staff members and physicians are able to provide care without interruption caused by technology challenges.

The health region set a target of a 50 per cent reduction in the number of outstanding tickets (measured on the first of each month) for the 2016-2017 year. As Chart 17 (Page 23) shows, the health region was not able to meet its targets. A major contributor in not meeting the target was staff vacancies in the information technology departments—particularly the desk side support group. As the numbers grew in late 2016, additional resources were shifted from other projects to provide additional desktop support.

Recruitment to fill vacancies and shifting of resources will be necessary in order to achieve this target.

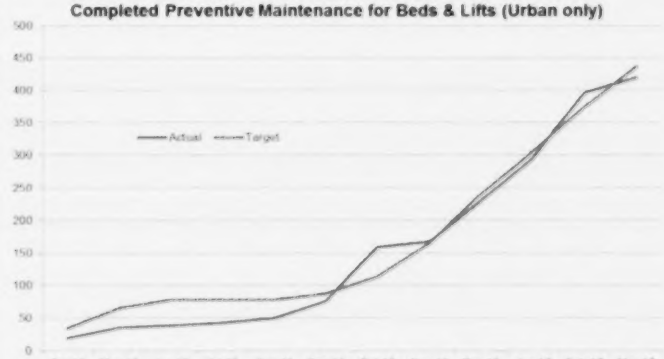
- 30 per cent preventative maintenance and planned work on beds and lifts in urban facilities. The measurement is the number of preventative maintenance on beds and lifts versus the target.

The health region recognizes that equipment breakdowns can disrupt services in both acute and

long-term care. Important elements that require preventative maintenance include beds and lifting equipment. Breakdowns can cause delays in being able to admit patients or long-term care residents in the case of beds. Breakdowns of lifts can result in delays in assisting patients and residents in moving around facilities.

This is the first year for this type of measurements. Chart 18 (Page 24) shows that maintenance came up just short of the target for preventative maintenance for 2016-2017. This work will continue to be a priority in 2017-2018, and will be expanded to rural locations.

Chart 18: Prince Albert Parkland RHA Cumulative Number of Completed Preventive Maintenance for Beds & Lifts (Urban only)



- 2016-17 Regional Health Authorities, Athabasca Health Authority and Saskatchewan Cancer Agency financial status, as measured by surplus/ deficit.

Information about Prince Albert Parkland's financial status can be found in the Financial Overview section beginning on Page 27.

Human Resources

Prince Albert Parkland's Human Resources service line includes employee and labour relations, staff scheduling, payroll and benefits, recruitment and retention, and volunteer services

As part of the contributions to meeting provincial priorities and performance targets, the Human Resources service line focused on targets for staff safety, and supporting staff recruitment and retention.

Performance targets and outcomes

- 75 per cent of all managers will be trained on recruitment and retention. Track the number of new managers trained on recruitment and retention.
    - ⇒ wage driven premium hours.
    - ⇒ sick time hours

One of the health region's goals is to improve training of managers in recruitment and retention of employees. The purpose is to improve workplaces and ensure vacant positions are filled. Improving workplace satisfaction can reduce sick time. Ensuring that appropriate staffing is in place also improves morale and reduces the reliance on overtime to fill vacant shifts. The health region focuses on supporting new managers, and providing additional training for all managers who identify gaps in their training.

Chart 19: Prince Albert Parkland RHA Sick Time Hours (including medical leave)

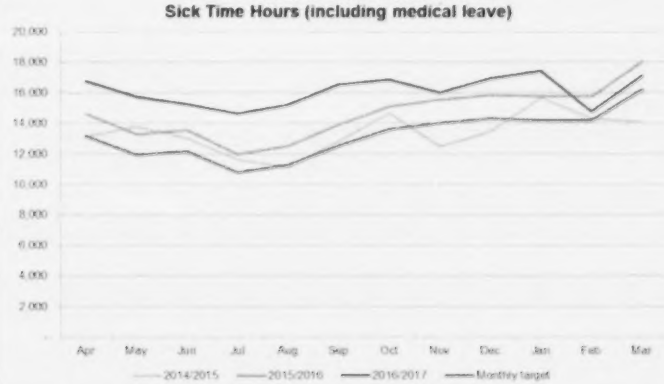
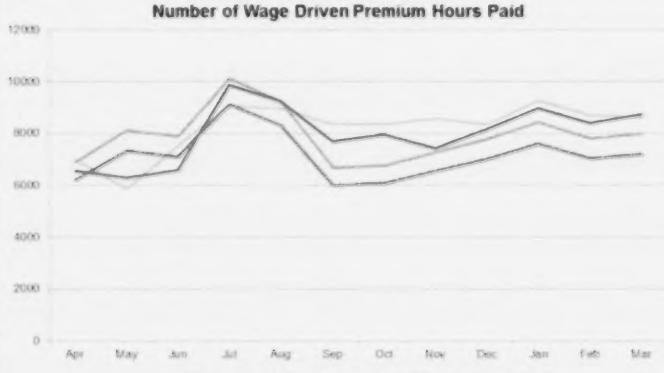


Chart 20: Prince Albert Parkland RHA Number of Wage Driven Premium Hours Paid



The health region has seen an increase in sick time usage over previous years and for most of the 2016-2017 fiscal year (Chart 19, Page 24). In 2016-2017, sick time hours (including medical leave) were almost 193,000 hours for a total cost of $5.86 million. The health region has contracted with an agency to work with individuals who have experienced a higher than expected sick time usage. Early information (February and March 2017) indicated that this focused support might be assisting in reducing sick time usage; however, it is difficult to determine if the reduction in sick

time from the previous year is a trend. It is vital for the health region to address issues related to vacancies and sick time. Wage driven premiums, primarily overtime usage, continues to be a major factor in the health region's financial challenges. The health region spent almost $6.8 million (including the base pay and premiums paid for those hours) on overtime and other premiums, with more than 95,000 hours paid at premium rates (Chart 20, Page 24).

- By March 31, 2017, all health regions and the Cancer Agency will have implemented the Safety Management System (SMS).
- Reduce Workplace Injuries by March 31, 2017:
  - ⇒ Achieve 75% on self-audit in Parkland Integrated Health Centre
  - ⇒ 75% reduction in the number of accepted WCB claims
  - ⇒ 50% reduction in Accepted WCB Shoulder and Back Injury Claims
  - ⇒ 100% of shoulder and back injuries investigated to root cause
  - ⇒ Operationalize Safety Huddles across Region (daily for key clinical areas)

The health region has worked to implement the Safety Management System in targeted areas, with support from Safety Consultants from the Human Resources department. The first focus was the rollout of the entire system at Pineview Terrace, a long-term care facility in Prince Albert. The goal of implementing all six elements of the Safety Management System (Management and Leadership, Hazard Identification and Control, Training and Communications, Inspections, Reporting and Investigations Emergency Response) were implemented by March 31, 2017.

Chart 21: Prince Albert Parkland RHA Accepted injury claims (Workers' Compensation Board)

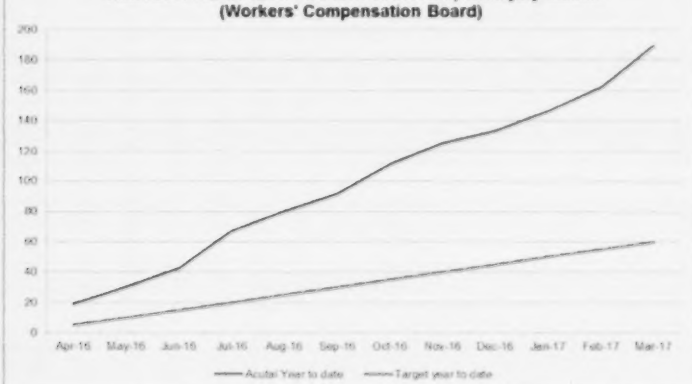
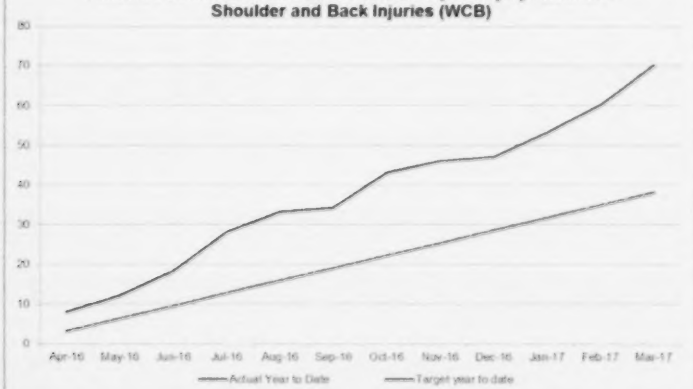


Chart 22: Prince Albert Parkland RHA Accepted injury claims for Shoulder and Back Injuries (WCB)



The health region has also focused on other areas where there have been higher rates of injuries. This is mostly the 24-hour operations (long-term care and hospitals), where many of the units have implemented at least three of the SMS's elements. Work will continue in 2017-2018, as improving staff safety is vital for both patient care and cost controls. The goal is for full implementation in all sites and programs by March 31, 2018.

The health region has not been able to meet its target to reduce workplace injuries (Chart 21, Page 25). This impacts the health region's human resources, creating vacancies (short and long term), which can lead to increased costs due to filling shifts at premium wages, or reducing capacity to provide services.

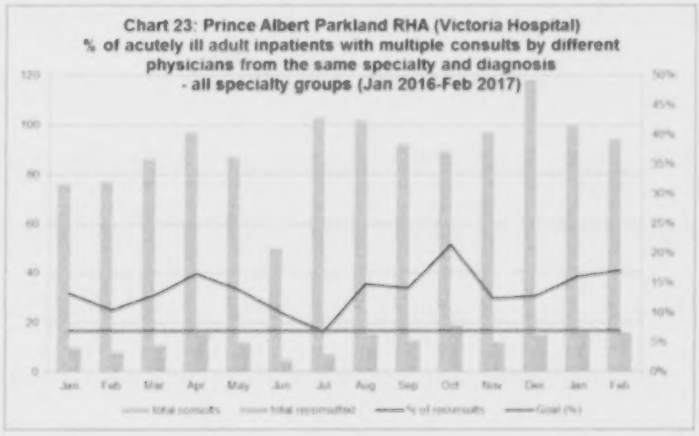
The health region has increased its use of Root Cause Analysis for investigating injuries, and to address why they are happening. All of the 70 shoulder and back injuries (Workers' Compensation Board claims) were investigated; however, the learnings have not yet resulted in a reduction of injuries. Improved reporting and information sharing throughout the health region are required in order to achieve target (Chart 22, Page 25). While the health region has been able to ensure safety huddles are occurring, work on creating the culture of safety is needed.

In addition to the efforts to meet those provincial and regional targets, Prince Albert Parkland has utilized other quality improvement initiatives within the Human Resources portfolio. These include:

- RPIW 56 (November 2016) with the goal to design an environment to mitigate and prevent violence in the Victoria Hospital Emergency Department (ED). The RPIW team began to create a safe and secure environment for all situated in the Emergency Department by having the appropriate supports (space,

knowledge, tools and people) in place to prevent or mitigate violence and its effects on people. The event included tests of security being stationed in Emergency Department (ED), including weekends, and an hourly rounding throughout the department. A violence education package was created to assist in acquiring de-escalating skills. The RPIW team also improved the safety of the environment in the triage area by clearing access to the back door, rearranging furniture in the quiet room, and improved wayfinding to mitigate patient agitation. The audits have shown some challenge in meeting targets, and further follow up is required during the 2017-2018 fiscal year.

- RPIW 63 (March 2017) with the goal to develop tools to support the increase of morale and decrease of sick time in the Herb Bassett Home in order to provide safe quality care for residents. A variety of morale boosting tools were developed and tested including motivational boards for each unit that would include quotes to help staff morale, welcome and thank you cards available for use for both residents and staff, distribution of "commitment to my co-worker" poster throughout the units. There were also revised wellness and attendance packages for managers to assist with navigating the Human Resources system, weekly wellness talks, and an employee recognition program and unit recognition poster/award. The first audits for this RPIW were scheduled for April 2017.



Senior Medical Officers

Prince Albert Parkland's Senior Medical Officers service line includes recruitment and retention of physicians, credentialing, leading the Practitioner Advisory Council, and relationships with physicians providing service in the health region

As part of the contributions to meeting provincial priorities and performance targets, the Senior Medical Officers service line focused on targets around patients, physician and staff safety, as well as appropriate referrals for specialty services.

Performance targets and outcomes

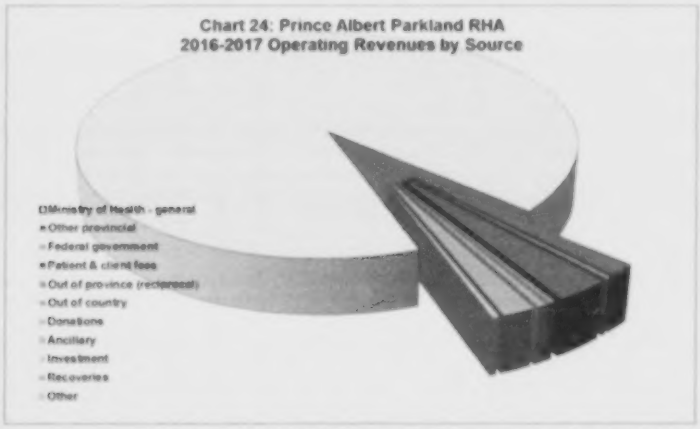
- Appropriateness – increased cooperative management of acutely ill adult inpatients. Reduce by 50 per cent the number of re-consults to specialists in acute care. Target 7 per cent re-consult rate.

The health region has been working with specialist groups and family physicians to review processes and improve shared care responsibility for patients admitted to Victoria Hospital. Having to re-consult with a specialist for the same patient and same diagnosis is usually a signal of communication challenges, and can result in longer lengths of stay. In Prince Albert Parkland the goal is to have a re-consult rate of no more than seven per cent. This target was not met in 2016-2017 (Chart 23, Page 26).

Of the 159 re-consult cases between January 2016 and January 2017, 138 involved internal medicine. This health region is focusing efforts and investigation of re-consults on that specific specialist group and family physicians in order to address the co-management of patients

In addition, the health region is working with specialists and family physicians on appropriateness of referrals for Computerized Tomography (CT scans). This is using protocols created as part of a study with Intermountain Health in the United States. Reducing unnecessary CT scans, especially for the head and neck, can reduce risks for patients due to radiation exposure. Eliminating unnecessary scans can also reduce demand and help improve wait times (challenges described on Page 20).

2016-2017 FINANCIAL OVERVIEW



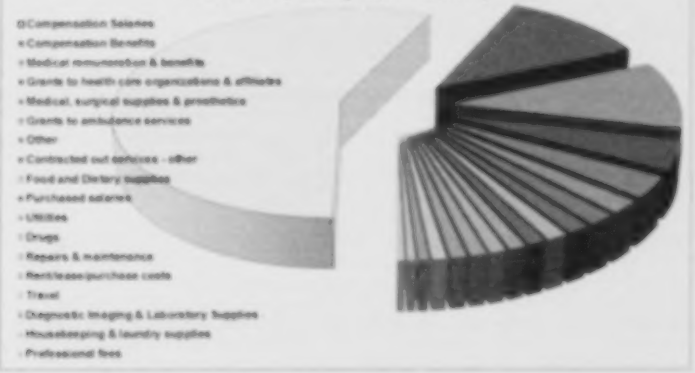
Prince Albert Parkland Health Region has an operating deficit of $1,364,244 for the year ended March 31, 2017.The deficit increased to $2,310,537 after required transfers to capital for long term care reserves, mortgage payments, parking equipment purchases and energy performance loan payments.

Revenue is over budget $3,180,952 as of March 31, 2017. See Chart 24, Page 27, for a breakdown of revenue by source.

- Ministry of Health revenue which includes base funding, deferred revenue and special funding is under budget $395,235.
  - Base funding is under budget $2,201,408, as the Ministry held back base funding the amount the health region received for the WCB surplus distribution payments during the year.
  - Deferred Revenue is over budget $484,290.
    - ⇒ Autism programming used $158,176 of deferred funding that was not included in budget.
    - ⇒ Mental Health Complex Client revenues were budgeted in special funding; during the year, $74,759 in revenue was recognized from previous year funding adding to this variance.
    - ⇒ Home First deferred funding was used to support over expenditures in Home Care individualized funding to clients. The unbudgeted deferred revenue for Home First was $123,788.
    - ⇒ Family Treatment Centre also used $24,275 of deferred revenue not included in the budget.
  - Special funding is over budget $1,321,882.
    - ⇒ Funding received in 2016-2017 for the SUN collective bargaining agreement current year salary increases totaled $679,590 for PAPHR employees.
    - ⇒ During the year PAPHR received a request to increase the number of dialysis treatments. $254,512 in funding was provided in this fiscal year to cover the added costs related to the increased service.
    - ⇒ The Ministry of Health's Acute and Emergency services provided funding to cover 1,105 additional Computerized Tomography procedures above the region's base funded volume. This funding made up $363,948 of the variance in special funding.
    - ⇒ $71,250 in funding to support physician attendance at Quality improvement events was recognized during the fiscal year.
- Other provincial revenue is over budget $2,102,652 for the year. WCB is over budget $2,388,339 mainly due to the $2,201,408 WCB excess surplus distribution. Funding recognized from SGI and other provincial departments is under budget $285,687. The main reason for this shortfall is the revenues recognized in the Acquired Brain Injury (ABI) department are below budget and these are targeted funds that are only recognized once related expenditures are made.
- Federal funding is over budget $186,248. Federal program payments for services provided by Victoria Hospital departments exceeded budget this fiscal year.

2016-2017 FINANCIAL OVERVIEW

Chart 25: Prince Albert Parkland RHA
2016-2017 Operating Expenditures by Object

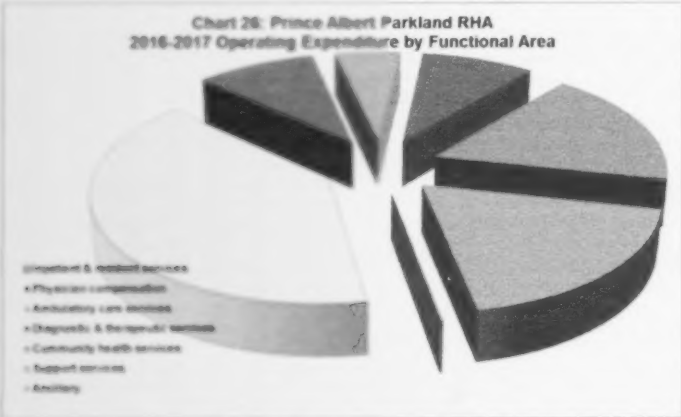


- Patient and Client fees are over budget $70,786.
  - Supportive Care fees are over budget $52,761. The Ministry of Health applied three increases to these fees in the 2016-2017 fiscal year. The increases that took place in October and January were not included when the budget was set.
  - Home Care fees are over budget $20,184. Fee increases took effect during the 2016-2017 fiscal year as well.
- Recoveries are over budget $532,733. This variance is mainly due to compensation recoveries from unions. This revenue is offset by the cost of replacing employees who are away on union business. It is not possible to determine where the health region should budget relief for union absences each year. Therefore, the region does not budget for either the revenue or the expense.

Expenditures are over budget $5,595,078 for the 2016-2017 fiscal year. See Chart 25 (Page 28) for a breakdown of operating expenditures by object. See Chart 26 (Page 29) for a breakdown of operating expenditures by functional area.

- Compensation Benefits were under budget $238,150.
  - Benefit costs were expected to be slightly under budget due to the Out-of-Scope (non-union employees) Extended Health Care and Enhanced Dental Plan premium vacation from November 1, 2016 to March 31, 2017.
  - Compensation – employee future benefits is over budget $198,300. This is the required adjustment to accrued sick benefits for the fiscal year.
- Compensation Salaries are over budget $4,364,540.
  - SUN employees received current year increases as per their negotiated collective bargaining agreement. These costs were undeterminable at the time of budget preparation and would account for approximately $679,590 of the over expenditure.
  - Overtime hours have exceeded budget and targets for the year. During 2016-2017 PAPHR employees worked 95,629 hours of overtime at a total cost of $6,760,106. This cost includes both the regular portion of pay and the premium. One contributing factor is the two adult medical units that continue to experience an average daily census in excess of 100 per cent resulting in the need for additional staffing to provide safe patient care. Vacancies (both permanent and temporary) throughout the region's 24/7 services also create the need for employees to work at overtime.
  - Sick time hours have exceeded budget for most of the fiscal year. During 2016-2017 PAPHR employees were paid 180,581 hours of sick leave with a total cost of $5,489,440.
  - Continuing education fees and materials is under budget $236,763. Requests to attend educational events were reviewed carefully as part of fiscal restraint for the region.
- Drug costs are over budget $181,162 for the year. A review of drug costs for the nursing departments at the Victoria Hospital show monthly costs can vary by up to $80,000 as the type of medications patients require can impact cost significantly.

2016-2017 FINANCIAL OVERVIEW



- Grants to health care organizations and affiliates are over budget $196,393. A portion of this would be increases in Saskatchewan Union of Nurses wages that were not available for budgeting purposes. The region also provided funding to address lower than expected resident fees for Mont St. Joseph Home for the fiscal year. Specific resident needs requiring added staffing to ensure the resident's safety was also funded.
- Information Technology contracts are over budget $133,339. eHealth and PAPHR were able to come to an agreement regarding outstanding billings for two of the health region's systems.
- Purchased salaries are over budget $1,033,080 as the region continues to fill Registered Nurse vacancies with contract nurses to reduce overtime in those facilities where vacancies are difficult to fill. Senior/junior mix for the RN complement in some facilities also has created a need for contract nursing workforce.
- Medical Remuneration and Benefits are over budget $665,597.
    - ER Physician payments are funded at mid-range while many of the health region's physicians are paid at the top of the scale.
    - The region has special agreements to guarantee minimum income for some groups of physicians as a retention initiative. These costs are part of the variance in this line.
- Travel is under budget $306,407 for the year. The health region was restricting the amount of travel outside of what is necessary to provide health services. Individuals traveling to participate in transition work has contributed to an increase in travel for the last month of the year.

Planning for Victoria Hospital continues
About 20 staff members, physicians, and patient representatives spent a day looking at what could be located in a new tower structure as part of the Victoria Hospital redevelopment. Previous planning events focused on major renovation and expansion of the existing building. PAPHR was asked to develop an option for a new tower and what it would include from the Emergency Department to inpatient units, etc. The existing building may then have renovations to accommodate remaining and potentially other programs/services. There has not yet been provincial approval for a project.

Raising awareness about autism
The Prince Albert Raiders and the Prince Albert Parkland Health Region teamed up for a special Autism Awareness Night on March 4, 2017. Lucas Mugleston (dropping the puck), was joined by his parents Lonnie and Andrea, along with PAPHR representative Jennifer Suchorab, for the ceremonial faceoff with team captains Tim Vanstone (right, P.A. Raiders) and Cale Fleury (left, Kootenay Ice). The Raiders held an auction (combined online and silent during the game), with proceeds from the auction split between the Raiders' Education Fund and the PAPHR Autism Services Program. The Raiders held a raffle for the game worn goalie mask.

Photo courtesy
Lucas Chudleigh/Prince Albert Raiders

Improving surgical access in rural and remote communities
Dr. Ruth O'Carroll, centres, a general surgeon who is the lead for the Enhanced Surgical Skills program at the Victoria Hospital, is flanked by the 2015-2016 program participants Dr. Audree Bedard, left, and Dr. Erin Sullivan. When they complete the program this June, Dr. Bedard will be returning to Peace River, Alta., while Dr. Sullivan will be practicing in Meadow Lake. The Victoria Hospital program aimed at improving access to surgeries in smaller and more remote communities is gaining more recognition across Canada. The Enhanced Surgical Skills (ESS) program is operated through the University of Saskatchewan, and is based at the Victoria Hospital in Prince Albert.

MANAGEMENT REPORT

Management's Responsibility

To the Saskatchewan Ministry of Health :

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards for government not-for-profit organizations and ensuring that all information in the annual report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors is composed entirely of Directors who are neither management nor employees of the Regional Health Authority. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for recommending the appointment of the Regional Health Authority's external auditors.

MNP LLP is appointed by the Board of Directors to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board and management to discuss their audit findings.

May 24, 2017

Chief Executive Officer

Vice President of Finance and Corporate Support Services

AUDITOR'S REPORT

Independent Auditors' Report

To the Board of Directors of Prince Albert Parkland Regional Health Authority:
We have audited the accompanying financial statements of Prince Albert Parkland Regional Health Authority, which comprise the statements of financial position as at March 31, 2017, and the statements of operations, changes in fund balances, cash flows and the related schedules for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Prince Albert Parkland Regional Health Authority as at March 31, 2017 and the results of its operations, changes in fund balances, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Prince Albert, Saskatchewan

May 24, 2017

MNP LLP

Chartered Professional Accountants

101 - 1061 Central Avenue, Prince Albert, Saskatchewan, S6V 4V4, Phone: (306) 764-6873, (855) 667-3310

MNP

AUDITED FINANCIAL STATEMENTS

Statement 1

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2017

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total March 31, 2017	Total March 31, 2016
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 6,926,239	$ 9,164,581	$ 4,428	$ 16,095,248	$ 19,763,118
Accounts receivable					
Ministry of Health - General Revenue Fund	36,600	631,128	-	667,728	1,527,662
Other	2,349,944	236,515	2,213	2,588,673	2,436,861
Inventory	1,375,566	-	-	1,375,566	1,104,976
Prepaid expenses	683,230	-	-	683,230	327,172
	11,371,579	10,032,224	6,641	21,410,444	25,159,789
Long Term Receivables (Note 3)	-	-	554,398	554,398	554,398
Investments (Schedule 2)	-	-	-	-	-
Capital assets (Note 4)	-	104,460,428	-	104,460,428	106,722,974
Total Assets	$ 11,371,579	$ 114,492,652	$ 561,039	$ 126,425,270	$ 132,437,161
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 8,739,854	$ 550,844	$ -	$ 9,290,698	$ 8,814,323
Other Payable - Prince Albert Grand Council	89,309	-	-	89,309	89,309
Accrued salaries	5,076,236	-	-	5,076,236	5,622,414
Vacation payable	13,852,884	-	-	13,852,884	13,724,610
Bank Loan payable - Current (Note 6)	-	220,000	-	220,000	209,000
Mortgages payable – Current (Note 6)	-	626,423	-	626,423	589,534
Deferred Revenue (Note 7)	2,935,090	-	-	2,935,090	3,263,215
	30,693,373	1,397,267	-	32,090,640	32,312,405
Long term liabilities					
Bank Loan Payable (Note 6)	-	2,953,000	-	2,953,000	3,173,000
Mortgages payable (Note 6)	-	2,868,778	-	2,868,778	3,512,927
Employee future benefits (Note 11)	6,130,300	-	-	6,130,300	5,932,000
Total Liabilities	36,823,673	7,219,045	-	44,042,718	44,930,332
Fund Balances:					
Invested in capital assets	-	97,792,227	-	97,792,227	99,238,513
Externally restricted (Schedule 3)	-	4,168,899	561,039	4,729,937	5,114,257
Internally restricted (Schedule 4)	-	5,312,481	-	5,312,481	6,295,614
Unrestricted	(25,452,093)	-	-	(25,452,093)	(23,141,556)
Fund balances – (Statement 3)	(25,452,093)	107,273,607	561,039	82,382,552	87,506,828
Total Liabilities & Fund Balances	$ 11,371,579	$ 114,492,652	$ 561,039	$ 126,425,270	$ 132,437,161

Contractual Obligations (Note 5)
Pension Plan (Note 11)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

AUDITED FINANCIAL STATEMENTS

Statement 2

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2017

	Operating Fund		Restricted			
	Budget 2017 (Note 12)	Operating 2017	Capital Fund 2017	Community Trust Fund 2017	Total 2017	Total 2016
REVENUES						
Ministry of Health - general	$ 221,705,197	$ 221,309,962	$ 1,741,052	$ -	$ 223,051,014	$ 237,686,481
Other provincial	1,750,401	3,853,053	-	-	3,853,053	2,709,665
Federal government	515,500	701,748	-	-	701,748	715,468
Patient & client fees	7,096,710	7,167,496	-	-	7,167,496	7,176,935
Out of province (reciprocal)	908,500	929,008	-	-	929,008	1,308,757
Out of country	47,240	164,218	-	-	164,218	166,576
Donations	1,000	97,057	923,473	-	1,020,530	893,512
Ancillary	1,010,980	1,000,284	-	-	1,000,284	1,181,510
Investment	125,150	105,603	130,678	2,637	238,918	241,825
Recoveries	3,763,385	4,296,117	-	-	4,296,117	4,455,897
Research grants	-	-	-	-	-	-
Other	420,770	901,239	173,908	-	1,075,147	1,980,823
Total revenues	**237,344,833**	**240,525,785**	**2,969,111**	**2,637**	**243,497,533**	**258,517,452**
EXPENSES						
Inpatient & resident services						
Nursing Administration	4,514,017	4,828,737	525,051	-	5,353,788	5,280,230
Acute	41,395,235	44,673,244	2,665,312	-	47,338,555	46,748,586
Supportive	37,489,989	40,674,959	1,350,478	-	42,025,437	40,874,599
Integrated	-	-	-	-	-	-
Rehabilitation	-	(226)	-	-	(226)	16,022
Mental health & addictions	6,283,773	5,970,940	5,171	-	5,976,111	6,057,266
Total inpatient & resident services	**89,683,014**	**96,147,653**	**4,546,012**	-	**100,693,665**	**98,976,703**
Physician compensation	**23,071,719**	**23,107,876**	**687**	-	**23,108,563**	**22,985,142**
Ambulatory care services	**11,956,318**	**12,743,838**	**149,182**	-	**12,893,020**	**12,721,865**
Diagnostic & therapeutic services	**22,165,048**	**22,007,773**	**680,051**	-	**22,687,824**	**21,709,247**
Community health services						
Primary health care	4,345,833	3,837,810	4,214	-	3,842,024	3,987,731
Home care	14,204,698	13,791,482	15,332	-	13,806,814	13,390,924
Mental health & addictions	13,257,884	12,241,835	343,540	-	12,585,374	13,329,645
Population health	7,963,352	7,782,307	40,135	-	7,822,442	7,732,330
Emergency response services	4,722,269	4,659,534	146,804	-	4,806,339	4,923,070
Other community services	401,366	417,435	-	-	417,435	394,377
Total community health services	**44,895,403**	**42,730,403**	**550,025**	-	**43,280,428**	**43,758,076**
Support services						
Program support	11,561,954	10,722,551	39,464	-	10,762,015	10,725,759
Operational support	32,078,347	33,449,345	514,144	-	33,963,489	34,143,895
Other support	423,684	398,264	201,542	-	599,806	679,509
Employee future benefits	-	198,300	-	-	198,300	112,500
Total support services	**44,063,985**	**44,768,460**	**755,150**	-	**45,523,610**	**45,661,663**
Ancillary	**459,464**	**384,026**	**50,672**	-	**434,698**	**452,221**
Total expenses (Schedule 1)	**236,294,951**	**241,890,029**	**6,731,780**	-	**248,621,808**	**246,264,917**
Excess (deficiency) of revenues over expenses	**$ 1,049,881**	**$ (1,364,244)**	**$ (3,762,668)**	**$ 2,637**	**$ (5,124,277)**	**$ 12,252,534**

The accompanying notes and schedules are part of these financial statements.

AUDITED FINANCIAL STATEMENTS

Statement 3

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF CHANGES IN FUND BALANCES
For the Year Ended March 31, 2017

2017	Operating Fund	Capital Fund	Community Trust Fund	Total 2017
Fund balance, beginning of year	$ (23,141,556)	$ 110,074,162	$ 574,223	$ 87,506,832
Excess (deficiency) of revenues over expenses	(1,364,244)	(3,762,669)	2,638	(5,124,275)
Interfund transfers (Note 14)	(946,293)	962,112	(15,819)	-
Fund balance, end of year	$ (25,452,093)	$ 107,273,607	$ 561,039	$ 82,382,552

2016	Operating Fund	Capital Fund	Community Trust Fund	Total 2016
Fund balance, beginning of year	$ (21,776,514)	$ 96,451,196	$ 579,614	$ 75,254,296
Excess (deficiency) of revenues over expenses	(415,786)	12,663,061	5,259	12,252,535
Interfund transfers (Note 14)	(949,256)	959,906	(10,650)	-
Fund balance, end of year	$ (23,141,556)	$ 110,074,162	$ 574,223	$ 87,506,832

The accompanying notes and schedules are part of these financial statements.

AUDITED FINANCIAL STATEMENTS

Statement 4

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2017

	Operating Fund		Restricted Fund			
	2017	2016	Capital Fund	Community Trust Fund	Total 2017	Total 2016
Cash Provided by (used in):						
Operating activities:						
Excess (deficiency) of revenue over expenditure	$ (1,364,244)	$ (415,786)	$ (3,762,669)	$ 2,637	$ (3,760,032)	$ 12,668,318
Net change in non-cash working capital (Note 8)	411,661	2,639,598	(399,329)	(2,213)	(401,541)	609,432
Amortization of capital assets	-	-	6,379,070	-	6,379,070	6,780,012
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	34,421	-	34,421	46,309
	(952,584)	2,223,813	2,251,493	424	2,251,918	20,104,072
Capital activities:						
Purchase of capital assets						
Buildings/construction	-	-	(169,326)	-	(169,326)	(18,185,917)
Equipment	-	-	(1,365,386)	-	(1,365,386)	(2,454,254)
Construction In Progress	-	-	(2,610,234)	-	(2,610,234)	(3,164,864)
Land and Leasehold improvements	-	-	(6,000)	-	(6,000)	(62,827)
Proceeds/(Cost) on disposal of capital assets						
Equipment	-	-		-	-	600
	-	-	(4,150,946)	-	(4,150,946)	(23,867,261)
Financing activities:						
Repayment of debt	-	-	(816,260)	-	(816,260)	(768,397)
Net increase (decrease) in cash & short term investments during the year	(952,584)	2,223,813	(2,715,712)	424	(2,715,288)	(4,531,586)
Cash & short term investments, beginning of year	8,825,118	7,550,561	10,918,180	19,821	10,938,002	14,520,332
Interfund transfers (Note 14)	(946,293)	(949,256)	962,112	(15,819)	946,293	949,256
Cash & short term investments, end of year (Schedule 2)	$ 6,926,240	$ 8,825,118	$ 9,164,579	$ 4,426	$ 9,169,007	$ 10,938,002

The accompanying notes and schedules are part of these financial statements.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2017

1. Legislative Authority

The Prince Albert Parkland Regional Health Authority (RHA) operates under The Regional Health Services Act (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prince Albert Parkland Health Region, under section 27 of The Act. The Prince Albert Parkland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under The Income Tax Act of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the Chartered Professional Accountants (CPA) of Canada, except as explained below. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association
Cooperative Health
Family Futures
Prince Albert Mobile Crisis Unit
PA Early Childhood Intervention
Blaine Lake Ambulance
Parkland Ambulance
Spiritwood Ambulance
S.H.A.R.E

Note 10b (i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate is incorporated (and is a registered charity under The Income Tax Act of Canada):

Mont. St Joseph Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10b (ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Victoria Hospital Foundation Inc. (the Foundation) is incorporated under The Non-Profit Corporations Act and is a registered charity under The Income Tax Act.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.

aThese financial statements do not include the financial activities of the foundation. Alternatively, Note 10b (iii) provides supplementary information on the foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2017

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2% to 5%
Land improvements and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Employee future benefits

i) Pension Plan:

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2017

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to a disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

iii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method. Actuarial gains and losses are amortized on a straight-line basis over the expected average remaining service life of the related employee groups.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Statement of Remeasurement Gains and Losses at each period end.

The Statement of Remeasurement Gains and Losses was not prepared as at March 31st 2017, as such gains and losses did not occur during the year. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchase of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2017 (2016 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation (SHC). Schedule 4 shows the changes in these reserve balances during the year.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2017

j) Volunteer Service

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

k) New accounting standards not yet in effect

A number of new Canadian public sector accounting standards and amendments to standards are not yet effective for governments and have not been applied in preparing these financial statements. The following standards will become effective as follows:

i) PS 2200 Related Party Disclosures (effective April 1, 2017), a new standard defining related parties and establishing guidance on disclosure requirements for related party transactions.

ii) PS 3210 Assets (effective April 1, 2017), a new standard providing guidance for applying the definition of assets and establishing disclosure requirements for assets.

iii) PS 3320 Contingent Assets (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contingent assets.

iv) PS 3380 Contractual Rights (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contractual rights.

v) PS 3420 Inter-Entity Transactions (effective April 1,2017), a new standard establishing guidance on accounting for and reporting on transactions between organizations in the government reporting entity.

vi) PS 3430 Restructuring Transactions (effective April 1, 2018), a new standard defining a restructuring transaction and establishing guidance on recognition and measurement of assets and liabilities transferred in a restructuring transaction.

vii) PS 3450 Financial Instruments (effective April 1, 2019), a new standard establishing guidance on the recognition, measurement, presentation and disclosure of financial instruments, including derivatives.

viii) PS 2601 Foreign Currency Translation (effective April 1,2019), replaces PS 2600 with revised guidance on the recognition, presentation and disclosure of transactions that are denominated in a foreign currency.

ix) PS 1201 Financial Statement Presentation (effective in the period PS 3450 and PS 2601 are adopted), replaces PS 1200 with revised general reporting principles and standards of presentation and disclosure in government financial statements.

x) PS 3041 Portfolio Investments (effective in the period PS 3450, PS 2601 and PS 1201 are adopted), replaces PS 3040 with revised guidance on accounting for, and presentation and disclosure of, portfolio investment.

The region plans to adopt these new and amended standards on the effective date and is currently analyzing the impact this will have on these financial statements.

3. Long-Term Receivable

Community Trust:

At March 31, 2017 the Kinistino and District Health Foundation Inc. hold the pre-amalgamation funds on behalf of the RHA in the amount of $554,398 (2016 - $554,398).

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2017

4. Capital Assets

	March 31, 2017			March 31, 2016
	Cost	Accum Amortization	Net Book Value	Net Book Value
Land	$ 1,820,699	$ -	$ 1,820,699	$ 1,820,699
Land Improvements	3,282,113	1,549,647	1,732,466	2,036,873
Buildings	149,302,393	63,101,198	86,201,195	89,690,473
Equipment	40,563,880	33,693,997	6,869,883	7,401,939
Construction in progress	7,836,186	-	7,836,186	5,772,990
	$ 202,805,270	$ 98,344,842	$ 104,460,428	$ 106,722,974

5. Contractual Obligations

a) Capital Asset Acquisitions

At March 31, 2017, contractual obligations for acquisition of capital assets were $270,281 (2016 – $599,016).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2018	$1,115,517
2019	900,768
2020	696,377
2021	666,875
2022	665,534

c) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2017 will continue to be contracted for the following fiscal year. Note 10 b) provides supplementary information on Health Care Organizations.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2017

6. Mortgages Payable

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding 2017	Balance Outstanding 2016
Birchview Nursing Home CMHC, due December 1, 2018	1.30%	$89,319 principal & interest. Mortgage renewal date – December 1, 2018	$ 154,445	$ 241,155
Evergreen Health Centre CMHC, due September 1, 2023	1.12%	$44,929 principal & interest. Mortgage renewal date – February 1, 2020	281,534	323,072
Hafford & District Nursing CMHC, due February 1, 2030	10.00%	$26,719 principal & interest, with an amount of $11,276 forgivable at $873 per year over the life of the mortgage if regular payments are made. $4,990.56 is subsidized directly by SHC – Mortgage renewal date – February 1, 2030.	207,052	215,077
Idylwild Lodge CMHC due June 1, 2020	0.98%	$117,840 principal & interest. Effective Sept 1, 2016, no subsidy payments were received. Mortgage renewal date – June 1, 2020.	365,696	472,406
Jubilee Lodge CMHC, due November 1, 2020	1.01%	$51,127 principal & interest. Mortgage renewal date – November 1, 2020.	183,954	232,962
Lakewood Lodge CMHC, due September 1, 2021	1.05%	$103,291 principal & interest. Effective Sept 1, 2016, no subsidy payments were received. Mortgage renewal date – September 1, 2021.	436,593	527,078
Jubilee Lodge #3 CMHC, due April 1, 2027	8.00%	$43,944 principal & interest, with an amount of $17,086 forgivable at $1,694.64 per year over the life of the mortgage if regular payments are made. Mortgage renewal date – April 1, 2027.	322,646	343,415
Rabbit Lake Health Centre CMHC, due September 1, 2021	1.12%	$38,997 principal & interest. Mortgage renewal date – February 1, 2020.	171,055	207,921
Wheatland Lodge CMHC, due April 1, 2026	1.05%	$90,562 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component. Mortgage renewal date – August 1, 2021.	729,143	799,793
Whispering Pine Place CMHC, due July 1, 2023	1.39%	$106,122 principal & interest. Mortgage renewal date – June 1, 2020.	643,082	739,583
			3,495,201	4,102,461
Less: Current portion			626,423	589,534
			$2,868,778	$3,512,927

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security (net book value $8,237,631). Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgages of Idylwild Lodge, Evergreen Health Centre, Hafford & District Nursing, Lakewood Lodge, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Principal repayments required in each of the next five years are estimated as follows:

2018	$626,423	2021	$460,770
2019	$613,346	2022	$336,350
2020	$555,176	2023 and subsequent	$903,136

Loan for Energy Efficiency Renovations

The RHA entered into a loan agreement with the Royal Bank of Canada to fund energy efficiency enhancements throughout the region. The balance owing at March 31st, 2017 was $3,173,000 (2016, $3,382,000). The loan bears a blended interest rate of 5.03% (3.99% fixed rate). The terms of the loan require monthly principal and interest payments of $31,140.

Principal repayments required in each of the next five years are estimated as follows:

2018	$220,000	2021	$257,000
2019	$232,000	2022	$270,000
2020	$244,000	2023 and subsequent	$1,950,000

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2017

7. Deferred Revenue

As at March 31, 2017	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health - General Revenue Fund	$ -	$ -	$ -	$ -
Acute Stroke Pathway	2,404	2,404	-	-
Autism Intervention Training	12,434	12,434	-	-
Autism Spectrum Disorders Services	172,272	158,176	-	14,095
Bursaries	18,243	12,500	25,000	30,743
Cognitive Disabilities Coordinator	7,445	7,445	-	-
Cognitive Disabilities - FASD	6,600	-	-	6,600
Collaborative Emergency Centre	22,799	-	-	22,799
Emergency Dept Waits & PT Flow	83,000	866,694	806,000	22,306
Family Treatment Centre - Operating	195,874	25,017	244,000	414,857
HIV Strategy	67,279	3,698	-	63,581
Home First	540,567	298,879	-	241,687
Immunization Programs	4,792	4,792	-	-
Infection Control	1,679	1,679	-	-
LEW Pathway	1,500	1,500	-	-
MH Approved Home Training	753	753	-	-
Mental Health Complex Clients	364,678	74,759	250,000	539,919
PCQIP Funding	-	26,700	97,950	71,250
Primary Care	384,810	137,728	17,500	264,582
Take Home Naloxone	-	-	10,000	10,000
A & D Initiatives	57,242	57,242	-	-
Total Sask Health	**$1,944,371**	**$1,692,401**	**$ 1,450,450**	**$ 1,702,420**
Other Gov't of Sask Initiatives				
Acquired Brain Injury	486,078	774,818	826,564	537,824
Cognitive Disabilities (Consultant)	97,481	100,343	103,825	100,963
Community Addictions	175,000	119,480	-	55,520
Corrections	223,318	255,994	274,730	242,054
Total Other Gov't of Sask Initiatives	**$ 981,876**	**$1,250,635**	**$ 1,205,119**	**$ 936,360**
Non Gov't of Sask Initiatives				
Canadian Foundation for Healthcare Improvement	9,931	9,931	-	-
Dental Program	12,874	4,504	-	8,370
EMR Implementation	21,501	21,501	-	-
Live Well	5,500	5,500	-	-
Nursing Recruitment	260,919	-	-	260,919
Other	26,243	26,060	26,838	27,021
Total Non Gov't of Sask Initiatives	**$ 336,968**	**$ 67,496**	**$ 26,838**	**$ 296,310**
Total Deferred Revenue	**$3,263,215**	**$3,010,532**	**$ 2,682,407**	**$ 2,935,090**

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2017

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2017	2016	Capital Fund	Community Trust Fund	Total 2017	Total 2016
(Increase) Decrease in accounts receivable	$ 814,507	$(1,156,416)	$ (104,173)	$ (2,213)	$ (106,386)	$ 416,066
(Increase) Decrease in inventory	(270,590)	(228,807)	-	-	-	-
(Increase) Decrease in prepaid expenses	(356,058)	792,114	-	-	-	-
(Increase) Decrease in financial instruments	-	-	-	-	-	-
Increase (Decrease) in accounts payable	771,531	1,410,378	(295,156)	-	(295,156)	193,368
Increase (Decrease) in accrued salaries	(546,178)	1,852,894	-	-	-	-
Increase (Decrease) in vacation payable	128,274	1,372,651	-	-	-	-
Increase (Decrease) in deferred revenue	(328,125)	(1,515,717)	-	-	-	-
Increase (Decrease) in employee future benefits	198,300	112,500	-	-	-	-
	$ 411,661	$ 2,639,597	$ (399,329)	$ (2,213)	$ (401,542)	$ 609,434

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2017 was $135,920 (2016 - $131,542). These amounts are not reflected in the financial statements.

	2017	2016
Patient / resident	$ 106,844	$ 101,826
Leoville Union Hospital Pre-amalgamation	29,076	29,716
	$ 135,920	$ 131,542

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

i) North Sask Laundry:

North Sask Laundry (NSL) provided linen services mainly to RHA's in Saskatchewan. The Prince Albert Parkland RHA was a 25% shareholder of NSL and had the right to appoint one board member to the NSL Board of Directors. NSL ceased operations on October 9, 2015 and dissolved as a corporation on March 31, 2016. Prior to dissolution the shareholders appointed Prince Albert Parkland RHA as a settlement agent to act on behalf of the shareholders, at which time the balance of all assets and liabilities were transferred to Prince Albert Parkland RHA.

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NSL was a non-profit incorporated organization and was not subject to income and property taxes from the federal, provincial and municipal levels of government.

	2017	2016
Accounts Receivable		
3s HEALTH	$ 68,277	$ -
WCB	44,276	84,798
	$ 112,553	$ 84,798
Accounts Payable		
eHealth Saskatchewan	$ 247,853	$ 84,423
Ministry of Central Services	30,855	72,324
3sHEALTH	818,772	636,650
Sask Energy	54,864	55,896
Sask Power	127,165	124,984
Sask Tel	31,127	23,443
SHEPP	1,440,183	1,363,428
WCB	539,536	590,822
	$ 3,290,356	$ 2,951,970
Revenues		
Co-operative Health Centre	$ 81,669	$ 77,589
North Sask Laundry	12,836	262,332
S.G.I.	789,088	972,407
WCB	424,822	257,918
eHealth Saskatchewan	55,876	47,975
Kelsey Trail RHA	53,978	52,274
	$ 1,418,269	$ 1,670,495

	2017	2016
Expenditures		
Ministry of Finance	$ 71,471	$ 64,380
Ministry of Central Services	580,243	913,094
North Sask Laundry	-	1,416,354
Public Employees Pension	270,524	251,756
3sHEALTH	10,094,140	8,142,549
Sask Energy	519,542	596,515
Sask Mobility	142,533	138,402
Sask Power	1,730,657	1,680,074
Sask Tel	394,590	468,254
SHEPP	19,305,233	19,005,349
WCB	2,574,677	2,698,985
eHealth Saskatchewan	816,147	433,982
Saskatoon RHA	5,977	35,137
Prairie North RHA	37,500	-
Regina Qu'Appelle RHA	65,071	4,457
Mamawetan Churchill River RHA	37,500	-
Kelsey Trail RHA	37,892	20,727
	$ 36,683,696	$ 35,870,015
Pre-Paid Expenses		
Sask Tel	$ 55,063	$ -
	$ 55,063	$ -

* only significant/material amounts are listed in this table (greater than $20,000)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2017	2016
Canadian Mental Health Association	$ 254,489	$ 254,489
Cooperative Health	228,670	250,799
Family Futures	207,259	164,347
Prince Albert Mobile Crisis Unit	81,936	81,504
Prince Albert Early Childhood Intervention	46,557	46,095
S.H.A.R.E.	804,129	831,997
Blaine Lake Ambulance	451,039	458,553
Parkland Ambulance	2,988,810	3,033,659
Spiritwood Ambulance	1,106,619	1,120,301
	$ 6,169,508	$ 6,241,744

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NOTES TO THE FINANCIAL STATEMENTS
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ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to the affiliate:

	2017	2016
Mont St. Joseph Home Inc.	$ 9,076,539	$ 8,966,231

The Ministry of Health requires additional reporting in the following financial summary of the affiliate entity for the years ended March 31, for 2017 and 2016.

Mont. St. Joseph Home Inc.:

	2017	2016
Balance Sheet		
Assets	$ 1,124,336	$ 1,157,633
Net Capital Assets	7,939,474	8,419,705
Total Assets	$ 9,063,810	$ 9,577,338
Total Liabilities	$ 1,094,157	$ 1,327,138
Total Net Assets (Fund Balances)	7,969,653	8,250,200
	$ 9,063,810	$ 9,577,338
Results of Operations		
RHA Grant	$ 9,076,539	$ 8,966,231
Other Revenue	2,114,623	2,094,103
Total Revenue	$ 11,191,162	$ 11,060,334
Salaries & Benefits	$ 9,221,008	$ 9,160,797
Other Expenses*	2,250,701	2,223,162
Total Expenses	$ 11,471,709	$ 11,383,959
Excess (deficiency) of revenues over expenses	$ (280,547)	$ (323,625)
*Other Expenses includes amortization of $522,990 (2016- $518,714)		
Cash Flows		
Cash from Operations	$ (61,471)	$ 492,548
Cash used in Financing Activities	-	-
Cash used in Investing Activities	(42,759)	(102,482)
Increase (decrease) in cash	$ (104,230)	$ 390,066

*Cash used in investing activities includes capital purchases of $42,759 (2016 - $102,482)

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iii) Fundraising Foundations

Fundraising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation (the Foundation). The Prince Albert Parkland RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $1,100,118 (2016-$1,222,622) of the Foundation's net assets must be used for special purposes set out by the donors. The Foundation's total expenses include contributions of $785,369 (2016 - $805,432) to the RHA.

The Foundation has not been consolidated in the RHA's financial statements. Financial statements of the Foundation are available upon request. Financial summaries of the unconsolidated entity for the years ended March 31, 2017 and 2016 are as follows:

Victoria Hospital Foundation:

Balance Sheet	2017	2016
Total Assets	$ 1,615,372	$ 1,455,383
Total Liabilities	201,784	96,971
Total Net Assets (Fund Balances)	1,413,588	1,358,412
	$ 1,615,372	$ 1,455,383
Results of Operations		
Total Revenue	1,086,805	1,071,296
Salaries & Benefits	201,964	181,118
Other Expenses*	829,665	847,504
Total Expenses*	1,031,629	1,028,622
Excess (deficiency) of revenues over expenses	$ 55,176	$ 42,674
Cash Flows		
Cash From Operations	$ 164,214	$ 70,464
Cash Used in Financing Activity	-	-
Cash Used in Investing Activity*	-	(1,354)
Increase (decrease) in cash	$ 164,214	$ 69,110

*Total Expenses include contributions of $785,369 (2016 - $805,432) to the Regional Health Authority and amortization of $1,096 (2016 - $1,096)

*Investing Activities includes capital purchases of $0 (2016 - $1,354)

11. Employee future benefits

a) Pension plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect

December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the Saskatchewan Association of Healthcare Organizations (SAHO) Board of Directors).

2. Public Employees' Pension Plan (PEPP) (a related party) – This is a defined contribution plan and is the responsibility of the Government of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2017			2016
	SHEPP**	PEPP	Total	Total
Number of active members	2,253	24	2,277	2,197
Member contribution rate, percentage of salary	8.10 - 10.70%*	5 - 7%*		
RHA contributions rate, percentage of salary	9.07 - 11.98%*	5 - 7%*		
Member contributions (thousands of dollars)	9,086	126	9,212	9,048
RHA contributions (thousands of dollars)	10,177	137	10,314	10,129

* Contribution rate varies based on employee group.

** Active members are employees of the RHA, including those on leave of absense as of March 18, 2017. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

b) Disability Income Plans

Employees of the RHA participate in one of the following disability income plans, administered by 3sHealth:

1. CUPE established in 1975 – affiliated with the Canadian Union of Public Employees
2. General established in 1975
3. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in compensation benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2017				2016
	CUPE	GENERAL	SUN	Total	Total
Number of active members	1,502	307	543	2,352	2,315
Member contribution rate, percentage of salary	1.35%	0.60 - 0.65%*	0.69%		
RHA contributions rate, percentage of salary	1.35%	0.65 - 0.70%*	0.81%		
Member contributions (thousands of dollars)	840	145	252	1,237	1,313
RHA contributions (thousands of dollars)	840	158	296	1,294	1,371

* Contribution rate varies

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c) Accumulated sick leave benefit liability

The cost of accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2017. Key assumptions used as inputs into the actuarial calculation are as follows:

	2017	2016
Discount rate	2.40%	1.90%

	2017	2016
Accrued benefit obligation, beginning of year	$ 5,932,000	$ 5,819,500
Cost for the year:		
Current period benefit costs	909,400	796,200
Interest Expenses	172,000	121,000
Actuarial (gains) losses	109,700	52,100
Benefits paid during the year	(992,800)	(856,800)
Accrued benefit obligation, end of year	$ 6,130,300	$ 5,932,000

12. Budget

The RHA Board approved the 2017 budget plan on July 13, 2016.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

c) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk

The Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers'

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
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As at March 31, 2017

Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk on accounts receivable is minimal. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2017	2016
Cash and Short-term investments	$ 16,095,248	$ 19,763,118
Accounts receivable		
Ministry of Health - General Revenue Fund	667,729	1,527,662
Other	2,588,673	2,436,861
Investments	-	-
	$ 19,351,649	$ 23,727,641

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market Risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long- term bonds bearing interest at coupon rates. The RHA's mortgage payable outstanding as at March 31, 2017 and 2016 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

The RHA's investments are in minimal risk investments. Therefore the risk of interest rate fluctuations are insignificant.

e) Liquidity Risk

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and

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As at March 31, 2017

anticipated investing and financing activities. To ensure RHA has sufficient cash on hand, RHA prepares annual capital and operating budgets and forecasts which are regularly monitored and updated as necessary. As at March 31, 2017, the RHA had current operating financial assets of $9,312,784 and current operating liabilities of $30,693,373 which represents a working capital deficit of $21,380,589. The RHA has current restricted financial assets of $10,038,866 and current restricted liabilities of $1,397,267 which represents a working capital surplus of $8,641,599. As at March 31, 2017, the RHA has complied with all restrictions placed on contributions received.

As at March 31, 2017, the RHA committed to the following operating and restricted liabilities, including principal and interest, based on the expected undiscounted cash flows from the reporting date to the contractual maturity date:

	Carrying amount	Due within 1 year	Due within 2 -5 years	Due after 5 years
Accounts payable and accrued liabilities	$ 9,380,007	$ 9,380,007	$ -	$ -
Accrued salaries	5,076,236	5,076,236	-	-
Vacation payable	13,852,884	13,852,884	-	-
Deferred revenue	2,935,090	2,935,090	-	-
Long Term Debt:				
Bank Loan payable	3,173,000	220,000	1,003,000	1,950,000
Mortgages payable	3,495,201	626,423	1,965,642	903,136
Total financial liabilities	$ 37,912,418	$ 32,090,640	$ 2,968,642	$ 2,853,136

f) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is $3,344,848 (2016 - $4,037,280) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2017

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted price, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is base on unobservable inputs. There were no items measured at fair value using level 3 in 2017 or 2016.

There were no items transferred between levels in 2017 or 2016.

	2017			2016		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Investments	$ 16,095,248	-	$ 16,095,248	$ 19,763,118	-	$ 19,763,118
Mortgages payable	-	$ 3,344,848	$ 3,344,848	-	$ 4,037,280	$ 4,037,280

g) Operating Line-of-Credit

The Regional Health Authority has a line-of-credit limit of $1,000,000 (2016 - $1,000,000) with an interest charged at prime minus 0.50%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2017 was $0 (2016 - $296).

14. Inter-fund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2017			2016		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Equipment Purchases	$ (41,252)	$ 41,252	$ -	$ (41,252)	$ 41,252	$ -
SHC reserves	(41,896)	41,896	-	(23,307)	23,307	-
Energy Performance Loans	(396,000)	396,000	-	(363,000)	363,000	-
Mortgage payments	(561,829)	561,829	-	(532,347)	532,347	-
Other	94,684	(78,865)	(15,819)	10,650	-	(10,650)
	$ (946,293)	$ 962,112	$ (15,819)	$ (949,256)	$ 959,906	$ (10,650)

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2017

15. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 to 2016-17 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for the fiscal years 2014-15 to 2016-17.

16. Collective Agreements

The CUPE contract expired in March 31, 2017. The Saskatchewan Union of Nurses (SUN) contract is in effect until March 31, 2018. The Health Sciences Association of Saskatchewan (HSAS) contract is in effect until March 31, 2018.

17. Restructuring

The Province of Saskatchewan has announced its intention to consolidate the province's 12 existing Regional Health Authorities, including Prince Albert Parkland Regional Health Authority, into one single Provincial Health Authority. The consolidation is expected to occur in Fall 2017. Although Prince Albert Parkland Regional Health Authority will be dissolved upon completion of the consolidation, it is expected its assets, liabilities, and operations will continue as part of the Provincial Health Authority. As a result, these financial statements have been prepared on a going concern basis.

AUDITED FINANCIAL STATEMENTS

Schedule 1

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENDITURES BY OBJECT
For the Year Ended March 31, 2017

	Budget 2017	Actual 2017	Actual 2016
Operating:			
Advertising & public relations	$ 88,670	$ 60,627	$ 105,006
Board costs	110,200	81,051	90,349
Compensation - benefits	27,715,588	27,477,437	26,590,713
Compensation - employee future benefits	-	198,300	112,500
Compensation - salaries	133,940,930	138,305,470	137,387,279
Continuing education fees & materials	410,368	173,605	186,169
Contracted-out services - other	3,212,800	3,209,414	3,266,690
Diagnostic imaging supplies	110,523	82,182	110,784
Dietary supplies	187,482	140,599	149,096
Drugs	2,374,183	2,555,345	2,393,061
Food	2,785,004	2,691,166	2,752,500
Grants to ambulance services	4,491,662	4,481,242	4,565,856
Grants to health care organizations & affiliates	10,237,073	10,433,466	10,126,713
Housekeeping & laundry supplies	1,253,995	1,214,847	1,165,189
Information technology contracts	642,913	776,252	630,646
Insurance	347,904	346,821	397,196
Interest	35,290	26,678	34,365
Laboratory supplies	1,349,141	1,400,837	1,362,653
Medical & surgical supplies	5,851,331	5,786,971	5,605,237
Medical remuneration & benefits	24,425,990	25,091,587	24,783,839
Meetings	39,462	26,574	27,696
Office supplies & other office costs	824,205	757,441	703,535
Other	292,662	511,250	395,306
Professional fees	1,168,784	1,348,385	1,017,551
Prosthetics	1,575,669	1,596,292	1,492,935
Purchased salaries	2,535,885	3,568,965	3,457,855
Rent/lease/purchase costs	2,287,519	1,838,128	2,185,927
Repairs & maintenance	2,314,546	2,179,069	2,434,129
Supplies - other	995,788	978,459	924,184
Therapeutic supplies	122,957	134,081	119,739
Travel	2,134,628	1,828,221	1,780,888
Utilities	2,431,799	2,589,267	2,613,853
Total Operating Expenses	$236,294,951	$ 241,890,029	$238,969,440
Restricted:			
Amortization		$ 6,379,070	$ 6,780,012
Loss/(Gain) on disposal of fixed assets		35,689	-
Mortgage interest expense		101,916	169,879
Other		215,103	345,587
		$ 6,731,779	$ 7,295,479

Schedule 2

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2017

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short-term				
Chequing and Savings:				
CIBC - Prince Albert, Sk	$ 2,377,199			
RBC - Prince Albert	30,494			
Shellbrook Scotia Bank Cash	77,418			
Renaissance Savings Account	1,367,686			
CIBC - GTD	1,400,000	11/6/2017	1.60%	
CIBC - GTD	2,000,000	11/6/2018	1.70%	
National Bank of Canada	900,000	11/6/2019	2.05%	
CIBC GTC	1,014,000	11/7/2019	1.50%	
Innovation Credit Union	2,213			
Total Cash & Short Term Investments	9,169,009			
Long Term				
	$ -			
Total Long Term Investments	$ -			
Total Restricted Investments	**$ 9,169,009**			
Unrestricted Investments				
Cash and Short-Term				
Petty Cash	$ 22,840			
C.I.B.C. - Prince Albert, Sk	2,781,949			
Birchview Affinity Credit Union	6,925			
Shellbrook Affinity Credit Union	29,143			
Leoville Credit Union	178			
Kinistino Scotiabank	16,779			
Spiritwood Credit Union	28,761			
Whispering Pines	1,107			
WLL Affinity Credit Union	16,762			
RBC Cash	290			
Manulife Inv. Savings Account	302,985			
CIBC - GTD	533,000	12/5/2018	2.65%	
CIBC - Wood Gundy Equity	225,709			
CIBC - Bank of Nova Scotia	1,100,000	11/24/2017	2.06%	
Renaissance Savings Account	1,828,594			
NSL Holding	31,218			
Total Cash & Short Term Investments	$ 6,926,239			
Long Term				
Total Long Term Investments	$ -			
Total Unrestricted Investments	**$ 6,926,239**			
Total Investments	**$ 16,095,248**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 16,095,248			
Total Long Term				
Total Investments	**$ 16,095,248**			

*Restricted Investments consist of:
- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

Schedule 3

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2017

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Non-Government of Sask Initiatives						
Kinistino and District Health Foundation Inc.	$ 554,398	$ -	$ -	$ -	$ -	$ 554,398
Birch Hills and Area Health Care Foundation Inc.	19,825	425	-	-	(15,819)	4,431
Evergreen Health Centre Preamalgamation	-	-	2,213	-	-	2,213
Total Non-Government	574,223	425	2,213	-	(15,819)	561,039
Total Community Trust Fund	$ 574,223	$ 425	$ 2,213	$ -	$ (15,819)	$ 561,039

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Sask Health Initiatives						
Family Treatment Center	$ 670,261	$ 7,717	$ -	$ -	$ -	$ 677,977
Pineview Terrace / Shellbrook Integrated Facility	204,083	2,837	-	-	(9,018)	197,902
Jubilee Lodge - Exhaust	150,000	1,727	-	-	(113,138)	38,589
Block Funding	928,804	10,693	950,000	(33,250)	(1,099,604)	756,643
CT Scanner and C-Arm	182,540	2,102	-	-	(212)	184,430
Spiritwood CEC	54,579	628	-	-	(13,510)	41,697
Victoria Hospital Redevelopment	1,158,642	13,339	-	-	(250,247)	921,735
Capital Equipment	1,198,375	929,983	791,052	(37,388)	(1,532,098)	1,349,925
Total Sask Health	4,547,284	969,026	1,741,052	(70,638)	(3,017,825)	4,168,899
Total Capital Fund	$ 4,547,284	$ 969,026	$ 1,741,052	$ (70,638)	$ (3,017,825)	$ 4,168,899
TOTAL EXTERNALLY RESTRICTED FUNDS	$ 5,121,507	$ 969,451	$ 1,743,265	$ (70,638)	$ (3,033,644)	$ 4,729,938

Schedule 4

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2017

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of year
Replacement Reserves						
Birchview Home	$ 31,202	$ 438	$ 5,075	$ -	$ (2,223)	$ 34,492
Hafford Special Care Centre	4,250	49	4,250	-	-	8,549
Herb Bassett Home	419,549	6,831	-	(27,821)	(19,414)	379,145
Idlwild Lodge	58,845	776	10,000	-	(5,810)	63,811
Jubilee Lodge	142,729	2,238	25,307	-	(6,000)	164,274
Jubilee Units	148,603	2,248	-	-	-	150,851
Lakewood Lodge	81,483	1,330	9,100	-	-	91,913
Wheatland Lodge	69,412	897	7,750	-	(39,596)	38,464
Whispering Pine Place	44,543	645	8,235	-	-	53,422
Total CMHC	$ 1,000,616	$ 15,451	$ 69,717	$ (27,821)	$ (73,042)	$ 984,921
Other Internally Restricted Funds						
Begin Estate	$ 3,991	$ 65	$ -	$ -	$ -	$ 4,056
Ferris Estate	34,000	535	-	-	(5,610)	28,925
Herb Bassett Home Chapel	4,004	65	-	-	-	4,069
Poole Estate	-	-	-	-	-	-
Information Technology	116,920	1,901	-	-	-	118,820
Renal	50,393	819	-	-	-	51,212
Smith Estate	85,692	1,393	-	-	-	87,085
Tadman Estate	28,250	390	-	-	(8,237)	20,403
Watsang Estate	8,441	137	-	-	-	8,578
Herresevele	5,002	82	-	-	-	5,084
Capital Purchases fund	4,134,647	47,601	37,500	-	(331,023)	3,888,726
NSL Roof and Floor Repair	465,680	5,361	-	-	(360,440)	110,602
Student Residence	350,731	4,038	-	-	(354,768)	-
Total Internally Restricted	$ 6,288,368	$ 77,839	$ 107,217	$ (27,821)	$(1,133,121)	$ 5,312,481

AUDITED FINANCIAL STATEMENTS

Schedule 5

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF:

BOARD MEMBER REMUNERATION
for the year ended March 31, 2017

	2017							2016
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Abrametz, B	$ 4,154.00	$ 4,988	$ 656	$ 2,158	$ -	$ 554	$ 12,509	$ 29,057
Bender, M		6,350	700	2,550		291	9,891	10,700
Code, D	-	4,925	575	2,311	-	201	8,012	5,980
Fee, B	3,420	4,281	1,838	3,301	-	388	13,228	4,234
Fladager, L		5,150	814	3,508		228	9,700	10,584
Kreese, M	-	7,025	2,088	4,964	-	-	14,076	18,004
Olson, J	-	-	-	-	-	-	-	1,837
Osmundson, G	-	-	-	-	-	-	-	2,243
Otterson, H	-	2,825	813	1,354	-	117	5,109	7,308
Schwab, S	-	2,025	750	1,160	-	70	4,006	3,587
Selanders, J	-	3,463	300	633	-	143	4,538	8,616
Tanchuk, A		3,700	1,500	4,023		203	9,426	9,389
Total	$ 7,574	$ 44,731	$ 10,033	$ 25,961	$ -	$ 2,196	$ 90,495	$ 111,538

Schedule 5

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF:

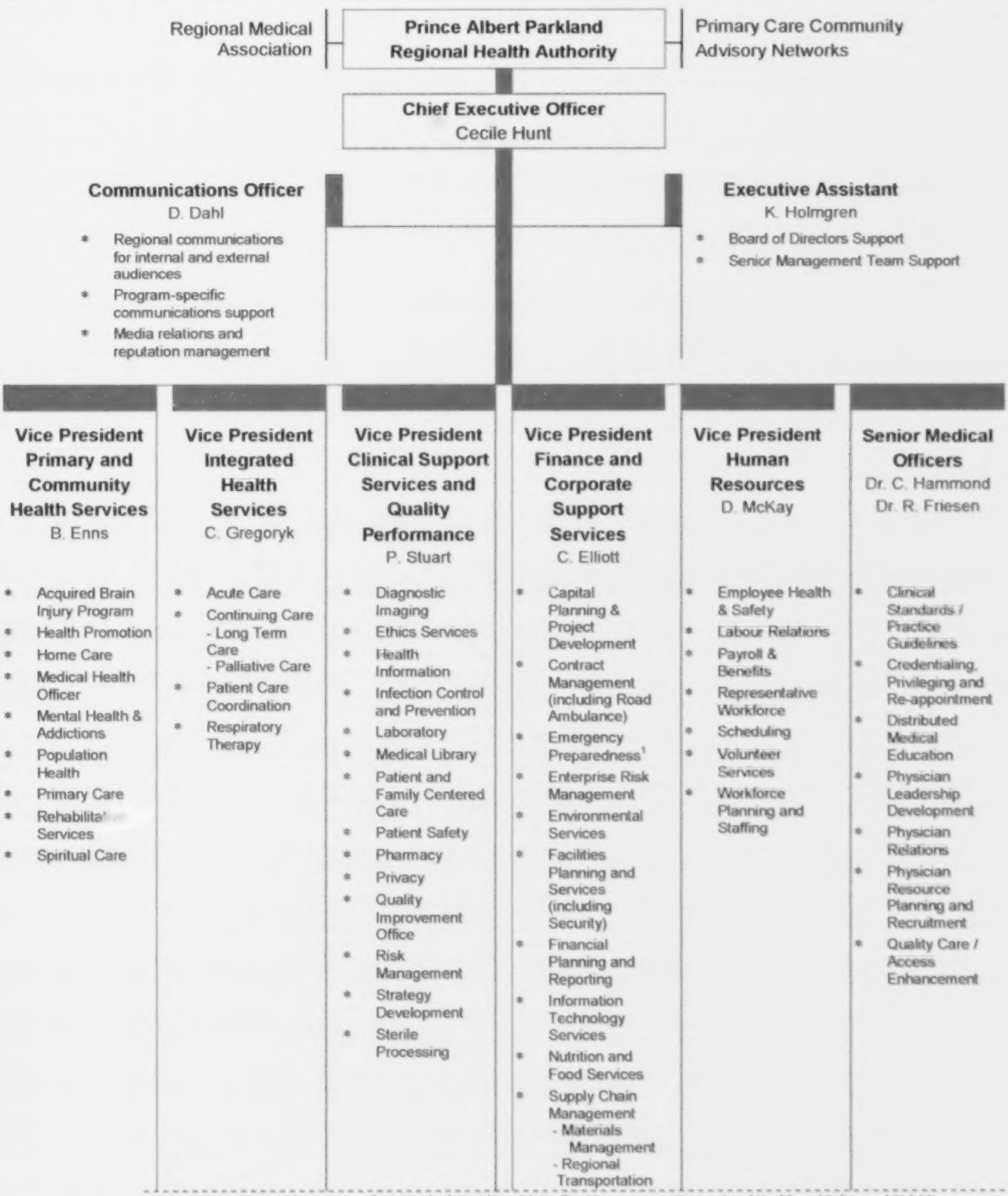
SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2017

	2017					2016		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Cecile Hunt, CEO	$ 297,857	$ 7,778	$ 305,635	$ -	$ 305,635	$ 292,144	$ -	$ 292,144
Brett Enns, VP	160,134	60	160,194	-	160,194	156,361	-	156,361
Jamie Callahan, VP	-	-	-	-	-	77,530	-	77,530
Don McKay, VP	145,745	60	145,805	-	145,805	75,702	-	75,702
Cheryl Elliott, VP	182,586	60	182,646	-	182,646	163,770	-	163,770
Carol Gregoryk, VP	221,052	60	221,112	-	221,112	217,432	-	217,432
John Piggott, VP	-	-	-	-	-	40,192	-	40,192
Patricia Stuart, VP	181,687	60	181,747	-	181,747	188,520	-	188,520
Neil Falk, Director of IT	-	-	-	-	-	46,925	87,302	134,227
Doug Dahl, Communications Officer	93,595	60	93,655	-	93,655	92,845	-	92,845
Kathy Holmgren, Executive Assistant	65,697	60	65,757	-	65,757	65,188	-	65,188
Dr B Hookenson, Senior Physician Executive	80,726	-	80,726	-	80,726	227,652	-	227,652
Dr. R. Friesen, Senior Physician Executive	107,593	-	107,593	-	107,593	-	-	-
Dr K Chokani, Medical Health Officer	357,262	-	357,262	-	357,262	280,105	-	280,105
Dr C Hammond, Senior Physician Executive	261,504	-	261,504	-	261,504	146,606	-	146,606
Total	$2,155,437	$ 8,198	$2,163,635	$ -	$2,163,635	$ 2,070,972	$ 87,302	$ 2,158,274

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump sum payments, and any other direct cash remuneration. As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for the fiscal years 2014-15 to 2016-17.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

APPENDIX A—ORGANIZATIONAL CHART


Regional Medical Association
Prince Albert Parkland Regional Health Authority
Primary Care Community Advisory Networks
Chief Executive Officer
Cecile Hunt
Communications Officer
D. Dahl
* Regional communications for internal and external audiences
* Program-specific communications support
* Media relations and reputation management
Executive Assistant
K. Holmgren
* Board of Directors Support
* Senior Management Team Support
Vice President Primary and Community Health Services
B. Enns
* Acquired Brain Injury Program
* Health Promotion
* Home Care
* Medical Health Officer
* Mental Health & Addictions
* Population Health
* Primary Care
* Rehabilitative Services
* Spiritual Care
Vice President Integrated Health Services
C. Gregoryk
* Acute Care
* Continuing Care - Long Term Care - Palliative Care
* Patient Care Coordination
* Respiratory Therapy
Vice President Clinical Support Services and Quality Performance
P. Stuart
* Diagnostic Imaging
* Ethics Services
* Health Information
* Infection Control and Prevention
* Laboratory
* Medical Library
* Patient and Family Centered Care
* Patient Safety
* Pharmacy
* Privacy
* Quality Improvement Office
* Risk Management
* Strategy Development
* Sterile Processing
Vice President Finance and Corporate Support Services
C. Elliott
* Capital Planning & Project Development
* Contract Management (including Road Ambulance)
* Emergency Preparedness[1]
* Enterprise Risk Management
* Environmental Services
* Facilities Planning and Services (including Security)
* Financial Planning and Reporting
* Information Technology Services
* Nutrition and Food Services
* Supply Chain Management - Materials Management - Regional Transportation
Vice President Human Resources
D. McKay
* Employee Health & Safety
* Labour Relations
* Payroll & Benefits
* Representative Workforce
* Scheduling
* Volunteer Services
* Workforce Planning and Staffing
Senior Medical Officers
Dr. C. Hammond
Dr. R. Friesen
* Clinical Standards / Practice Guidelines
* Credentialing, Privileging and Re-appointment
* Distributed Medical Education
* Physician Leadership Development
* Physician Relations
* Physician Resource Planning and Recruitment
* Quality Care / Access Enhancement

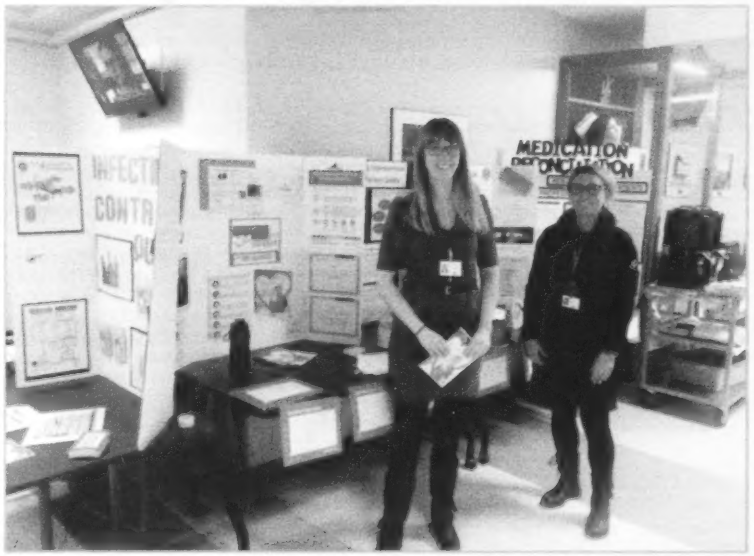
1—Emergency Preparedness – cross functional relationship with Facility Management, Occupational Health and Safety and Risk Management.

Working safely

The Evergreen Health Centre in Leoville has taken Mission Zero and worker safety to a new level as they celebrate their third year in a row with no time loss or medical aid claims. On June 8, 2016, the staff celebrated their significant safety achievements with a barbecue and potluck luncheon. The Evergreen Health Centre's Occupational Health Committee was recognized for having three years with no time loss or medical claim injuries at the facility.

Recognizing patient safety priorities

A display was set up at the Victoria Hospital during Patient Safety Week (October 24-30). The display included information about key patient safety concerns (such as medication errors), and highlighted activities staff members could do to help improve patient safety.



River Runners arrive in Prince Albert

A three-day canoe and kayak trip once again wrapped up the River Runners program in July 2016. River Runners is a program that started in 2006. It was established with support from the Prince Albert Police Service and the Prince Albert Parkland Health Region. Each year, the goal is to select two groups of 10 young people from the region's diverse community and bring them together creating a team—the River Runners.

APPENDIX B—DIRECTORY

Big River

Big River Health Centre
220 1st Ave. North 306-469-2220
Or 306-469-2333
Facsimile 306-469-2193
Big River Home Care 306 469 4410
Big River Primary Health Care Clinic
..... 306-469-2055
Public Health Nursing 306-469-2505
Facsimile 306-469-2603

Birch Hills

Birch Hills Health Facility 3 Wilson Street
Birch Hills Primary Health Care Clinic
..... 306-749-3331
Facsimile 306-749-2440
Birchview Home 306-749-2288
Facsimile 306-749-2406
Director of Care 306-749-3565
Mental Health/Addictions 306-749-3302

Blaine Lake

Blaine Lake Primary Health Care Clinic
307 Main St. 306-497-2494
Facsimile 306-497-2557
Home Care 306-497-2664

Canwood

Whispering Pine Place 300 1st Ave. 306-468-2900
Facsimile 306-468-2199

Debden

Home Care 4 – 204 2nd Ave. East 306-724-2110

Hafford

Hafford Special Care Centre
and Primary Care Site
213 South Ave East 306-549-2108
Administration 306-549-2103
Facsimile 306-549-2104
Hafford Primary Health Care Clinic 306-549-2323
Clinic Facsimile 306-549-4660
Home Care 306-549-4266

Kinistino

Jubilee Lodge 401 Meyers Ave. 306-864-2851
Facsimile 306-864-3220
Kinistino Primary Health Care Clinic
..... 306-864-2212
Facsimile 306-864-3102

Leask

Home Care Hwy 40 306-466-2280
Wheatland Lodge 306-466-4949
Facsimile 306-466-2209

Leoville

Evergreen Health Centre 1st Ave 306-984-2136
Facsimile 306-984-2046

Shellbrook

Parkland Integrated Health Centre
Main office 306-747-2603
Facsimile 306-747-3004
PIHC Long-Term Care Facility 306-747-6840
Long-term care Manager's Office 306-747-6832
Long-term care Recreation 306-747-6841
Hospital Director of Care 306-747-6830
Home Care 306-747-6811
Public Health 306-747-6828
Addictions services 306-747-6815
Dietitian 306-747-6820
Mental Health 306-747-6813
Occupational Therapy - Pediatric ... 306-747-6822
Physical Therapy 306-747-6821
Director Primary Care 306-747-6818

Shellbrook Primary Health Care Clinic
206 2nd Avenue West 306-747-2552

Spiritwood

Home Care Area office, 400 1st East
..... 306-883-4266
Facsimile 306-883-4440
Public Health Nursing 306-883-4470
Facsimile 306-883-4440
Spiritwood and District Health Complex
400 1st East 306-883-2133
Facsimile 303-883-4440
Toll Free—Spiritwood 1-800-887-6251
Primary Health Care and Medical Clinic services
..... 306-883-4400
Addictions Services 306-883-4479
Community Mental Health Nurse 306-883-4462
Parent Support Worker 306-883-4463
Therapies 306-883-2133

Appendix B—Directory

Prince Albert

Access Place – Sexual Health Clinic
101 15 St East 306-765-6544

Acquired Brain Injury (ABI) Services
1521 6th Ave. West 306-765-6630
Facsimile 306-765-6657
Toll-free 1-866-899-9951

Addiction Services
Adult, Youth & Problem Gambling
2nd Floor - 101 15 St East 306-765-6550
Facsimile 306-765-6554
Toll Free 1-855-765-6550
Brief and Social Detox Centre
1200 24th St. West 306-765-6700
Facsimile 306-765-6701
Family Treatment Centre
1200 24th St. West 306-765-6375
Facsimile 306-763-4670

Dermatology
2345 10th Ave. West 306-765-6317

Diabetes Education Centre
1521 6th Ave. West 306-765-6464
Facsimile 306-765-6624

Dietitian Services
Community Dietitian 306-765-6590
Room 200 – 20 – 14th Street West
Diabetes Education Centre 306-765-6464
Public Health Nutritionist 306-765-6604
School Nutritionist 306-765-6609

fitLife Cardio-Pulmonary Rehab Program
Room 200, 20 14th Street West 306-765-6590
Facsimile 306-765-6594

Health Promotion & Education
1521 6th Ave. West 306-765-6641
Or 306-765-6627

Herb Bassett Home
1220 25th St West 306-765-6145

Home Care - Regional Office
Unit D – 4050 2nd Ave. West 306-765-2450

Lab Service Centre
South Hill Mall 306-765-6319

Mental Health Inpatient Services
Regional Mental Health Centre 306-765-6053

Mental Health Outpatient Services
Victoria Square—2345 10th Ave. W. . 306-765-6055
Facsimile 306-765-6349
Toll-free 1-888-765-6055

Pineview Terrace Long-term Care
1200a 24th Street West 306-765-6570

Prince Albert Parkland Health Region
Corporate Office— 1521 6th Ave. West S6V 5K1
..... 306-765-6400
Facsimile 306-765-6401
Communications 306-765-6409
Financial Services 306-765-6420
Regional Health Authority (Board) . 306-765-6400
Human Resources 306-765-6430
Facsimile 306-765-6431
Patient Safety and Quality Managers
..... 306-765-6499
Facsimile 306-764-4131
Privacy and Freedom of Information Officer
Spiritwood 306-883-4460
Volunteer Services 306-765-6010
Facsimile 306-763-2871

Public Health Inspection
1521 6th Ave. West 306-765-6600
Facsimile 306-765-6624
Medical Health Officer 306-765-6600

Public Health Services
2nd Floor, L.F. McIntosh Building,
800 Central Ave 306-765-6500
Facsimile 306-765-6536
Dental Health Educator 306-765-6502
Hearing Aid Plan 306-765-6520
Immunization Clinic 306-765-6510
Lactation Consultant 306-765-6506
Prenatal Classes 306-765-6510
Travel Health Clinic 306-765-6506

Therapies
Victoria Hospital 306-765-6126
Facsimile 306-765-6284

Victoria Hospital
1200 24th St. West 306-765-6000
Toll Free—Prince Albert 1-800-922-1834
Facsimile 306-763-2871

Victoria Hospital Foundation 306-765-6105
Facsimile 306-765-6120

APPENDIX C—HEALTH STATUS INFORMATION

This section includes a variety of data about the population health and health system performance of the Prince Albert Parkland Regional Health Authority. It includes data from Statistics Canada and the Canadian Institute for Health Information (CIHI). This data is used by the Prince Albert Parkland Regional Health Authority to identify strategic priorities for health care services, as well as developing population health plans with a variety of health system and community partners. Availability of specific data points varies by indicator, and not all data is available in a specific year.

Health concerns

Health indicator profile for specific health care concerns, annual estimates, percentage of both sexes, ages 12 and older, Canada, Saskatchewan and Prince Albert Parkland Health Region (2013 boundaries)

Canadian Community Health Survey - Annual Component

Arthritis[1]

	2010	2011	2012	2013	2014
Canada	16.1	17	15.4	15.9	16.5
Saskatchewan	19	18.4	18.4	16.4	16.7
PAPHR	20	24	21.6	25.5	24.2

Asthma[2]

Canada	8.5	8.6	8.1	7.9	8.1
Saskatchewan	8.2	8.6	9.8	7.3	8
PAPHR	9.2	11.4	9.4	4.4	8.2

Diabetes[3]

Canada	6.4	6.1	6.5	6.6	6.7
Saskatchewan	7.2	5.7	6.7	6.7	6.5
PAPHR	8.1	10.7	9.2	5.6	11

High Blood Pressure[4]

Canada	17.1	17.6	17.4	17.7	17.7
Saskatchewan	18.3	18.3	18.7	17.8	16.2
PAPHR	19.7	21.1	18.6	14.8	21

Mood disorder[5]

Canada	6.5	7	7.1	7.6	7.8
Saskatchewan	6.6	8.3	7.6	7.8	8.1
PAPHR	7	7.9	F	5.9	10.7

Notes:

1—Population aged 15 and over who reported that they have been diagnosed by a health professional as having arthritis.
2—Population aged 12 and over who reported that they have been diagnosed by a health professional as having asthma.
3—Population aged 12 and over who reported that they have been diagnosed by a health professional as having Type 1 or Type 2 diabetes. Diabetes includes females 15 and over who reported that they have been diagnosed with gestational diabetes.
4—Population aged 12 and over who reported that they have been diagnosed by a health professional as having high blood pressure.
5—Population aged 12 and over who reported that they have been diagnosed by a health professional as having a mood disorder, such as depression, bipolar disorder, mania or dysthymia.
F—Data is too unreliable to be published.

APPENDIX C—HEALTH STATUS INFORMATION

Health status indicators

Health indicator profile for specific lifestyle health status indicators, annual estimates, percentage of both sexes, ages 12 and older, Canada, Saskatchewan and Prince Albert Parkland Health Region (2013 boundaries)

Canadian Community Health Survey - Annual Component

Body mass index, self-reported, adult (18 years and over), overweight or obese[1]

	2010	2011	2012	2013	2014
Canada	20	20.4	21.8	20.7	23.1
Saskatchewan	22.9	18.1	27.8	22	20.3
PAPHR	F	F	F	49.9	34.5

Current smoker, daily or occasional[2]

Canada	20.8	19.9	20.3	19.3	18.1
Saskatchewan	22.8	23.8	20	22.8	20.5
PAPHR	26.6	30.2	25.4	22.1	24.1

Fruit and vegetable consumption, 5 times or more per day

Canada	43.3	40.4	40.6	40.8	39.5
Saskatchewan	37.9	32.9	37.8	38.4	36
PAPHR	29.9	34.4	40.5	42	38.9

Heavy drinking[4]

Canada			..	18.9	17.9
Saskatchewan			..	18.5	19.5
PAPHR			..	14.3	22.8

Physical activity during leisure-time, moderately active or active[5]

Canada	6.5	7	7.1	7.6	7.8
Saskatchewan	6.6	8.3	7.6	7.8	8.1
PAPHR	7	7.9	F	5.9	10.7

Sense of belonging to local community, somewhat strong or very strong[6]

Canada	65.4	64.8	66.1	65.9	66.4
Saskatchewan	72	72.4	73.8	71.5	74.7
PAPHR	64.1	71.6	68.2	64.9	75.5

Notes:

1—Body mass index is calculated by dividing the respondent's body weight (in kilograms) by their height (in metres) squared. According to the World Health Organization (WHO) and Health Canada guidelines, the index for body weight classification is 25 to 29.99 (overweight); 30 or greater (obese).

2—Population aged 12 and over who reported being a current smoker. Daily smoker refers to those who reported smoking cigarettes every day. Occasional smoker refers to those who reported smoking cigarettes occasionally.

3—Indicates the usual number of times (frequency) per day a person reported eating fruits and vegetables.

4—A definition change was implemented in 2013 to conform with the WHO and Health Canada guidelines for Heavy drinking. Heavy drinking refers to males who reported having 5 or more drinks, or women who reported having 4 or more drinks, on one occasion, at least once a month in the past year.

5—Population aged 12 and over who reported nature, frequency and duration of their participation in leisure-time physical activity.

6—Population aged 12 and over who reported their sense of belonging to their local community as being very strong or somewhat strong. Research shows a high correlation of sense of community-belonging with physical and mental health.

..—Not available

F—Data is too unreliable to be published.

APPENDIX C—HEALTH STATUS INFORMATION

Health status indicators

Health indicator profile for specific health status indicators, annual estimates, percentage of both sexes, ages 12 and older, Canada, Saskatchewan and Prince Albert Parkland Health Region (2013 boundaries)

Canadian Community Health Survey - Annual Component

Perceived health, very good or excellent[1]

	2010	2011	2012	2013	2014
Canada	60.1	59.9	59.9	59.4	59
Saskatchewan	57.3	56.8	56.9	58.8	60.9
PAPHR	52.2	48.6	51.3	56.8	49.4

Perceived health, fair or poor[1]

Canada	11.6	11.5	10.9	11	11.6
Saskatchewan	11.5	12.1	12.9	11.1	9.9
PAPHR	14	17.1	15.4	13.3	16.3

Perceived mental health, very good or excellent[2]

Canada	73.9	72.6	71.7	71.1	71.1
Saskatchewan	71.3	68.4	67.2	70.5	68.8
PAPHR	70.5	67.1	59.5	67.4	58.9

Perceived mental health, fair or poor[2]

Canada	5.3	5.6	5.7	6.3	6.3
Saskatchewan	5.1	6.8	7.2	7.4	5.1
PAPHR	6.1	6.4	8	10.1	6.9

Perceived life stress, quite a lot (15 years and over)[3]

Canada	23.5	23.6	22.7	23	23
Saskatchewan	19.3	18.5	19.5	19.6	20.3
PAPHR	16.3	19.6	17.5	13.9	14.3

Participation and activity limitation, sometimes or often[4]

Canada	28.5	..	33.7	31.7	32.6
Saskatchewan	29.9	..	36.9	31.9	34.4
PAPHR	36.1	..	40.9	34.8	41

Notes:

1—Population aged 12 and over who reported perceiving their own health status as being either excellent or very good or fair or poor, depending on the indicator. Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding. Health means not only the absence of disease or injury but also physical, mental and social well being.

2—Population aged 12 and over who reported perceiving their own mental health status as being excellent or very good or fair or poor, depending on the indicator. Perceived mental health refers to the perception of a person's mental health in general. Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in perceived health.

3—Population aged 15 and over who reported perceiving that most days in their life were quite a bit or extremely stressful. Perceived life stress refers to the amount of stress in the person's life, on most days, as perceived by the person or, in the case of proxy response, by the person responding.

4—Population aged 12 and over who reported being limited in selected activities (home, school, work and other activities) because of a physical condition, mental condition or health problem which has lasted or is expected to last 6 months or longer.

..—Not available

APPENDIX C—HEALTH STATUS INFORMATION

Health status indicators

Health indicator profile for specific health status indicators, annual estimates, percentage of both sexes, ages 12 and older, Canada, Saskatchewan and Prince Albert Parkland Health Region (2013 boundaries)

Canadian Community Health Survey - Annual Component

Contact with a medical doctor in the past 12 months[1]

	2010	2011	2012	2013	2014
Canada	80.6	..	78.7	78.5	79
Saskatchewan	81.7	..	78.3	77.9	75.3
PAPHR	81.6	..	76.8	84.7	83.2

Has a regular medical doctor[2]

Canada	84.8	84.7	85.1	84.5	85.1
Saskatchewan	84.5	80.5	82.2	80.3	79.9
PAPHR	79.3	75.8	77.3	87.8	80.6

Influenza immunization, less than one year ago[3]

Canada	25.5	30.2	28.9	29.3	32.5
Saskatchewan	27.3	31.7	30.6	25.6	34.8
PAPHR	30.9	35	30.1	27.3	40.2

Wears a helmet when riding a bicycle, always[4]

Canada	37.3	..	..	41.5	42.5
Saskatchewan	24.1	..	..	19.7	24.3
PAPHR	20.5	..	..	22.2	11.9

Injuries in the past 12 months, sought medical attention[5]

Canada	7.9	..	..	8.2	8
Saskatchewan	8.7	..	..	8.5	8.7
PAPHR	10.2	..	..	9.8	10.9

Life satisfaction, satisfied or very satisfied[6]

Canada	92.1	92.3	92.4	91.7	92.2
Saskatchewan	92.8	92.9	92.2	93.4	94.4
PAPHR	93.4	92.7	91.9	89.9	90.4

Notes:

1—Population aged 12 and over who reported having consulted with a medical doctor in the past 12 months. Medical doctor includes family or general practitioners as well as specialists such as surgeons, allergists, orthopaedists, gynaecologists or psychiatrists. For population aged 12 to 17, includes pediatricians.

2—Population aged 12 and over who reported that they have a regular medical doctor. In 2005 and 2003, the indicator in French only included "médecin de famille". Starting in 2007, this concept was widened to "médecin régulier", which includes "médecin de famille".

3—Population aged 12 and over who reported when they had their last influenza immunization (flu shot).

4—Population aged 12 and over who reported that they always wore a helmet when riding a bicycle in the last 12 months.

5—Population aged 12 and over who sustained injuries in the past 12 months and who sought medical attention from a health professional in the 48 hours following the injury. Respondents aged 12 and over who sustained injuries in the past 12 months which were serious enough to limit normal activities. For those with more than one injury in the past 12 months, refers to "the most serious injury", as identified by the respondent. Repetitive strain injuries are not included.

6—Population aged 12 and over who reported being satisfied or very satisfied with their life in general. In 2009, the question on life satisfaction was changed from a five-point answer category to an eleven-point scale. A grouped variable was developed to provide a concordance between the two scales and is now the basis for this indicator. Please see the variable GENGSWL in the derived variables documentation.

..—Not available

APPENDIX D—PAYEE LIST

Payee Disclosure Requirements

Regions are required to disclose payments by payee for the fiscal year in the annual report. The Government of Saskatchewan Treasury Board determines the threshold for payees requiring disclosure. The minimum threshold is $50,000. Payees are to be sorted into the following four categories and include the following information:

- Personal Services - disclose the name and amount paid to individuals of the RHA who received salaries, wages, bonuses, honoraria and compensation for personal service. This category includes unionized and non-unionized employees, senior management (that are also included in Schedule 5 of the Audited Financial Statements), and contracts where an "employee/employer relationship" is established. The amount paid includes the following:
    - *Salaries* - regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, and any other direct cash remuneration including sick leave, short-term disability, vacation, and differentials.
    - *Contracts* - the total amount paid (over the threshold) if an "employee/employer" relationship exits. If the relationship does not exist and the payment is over the minimum threshold, report the amount as a 'Supplier Payment'.
- Transfers - disclose the payees name and amount paid for each payee receiving payments for: program grants, funding, foundations, donations, sponsorships and HCOs, over the minimum threshold. Do not disclose details for programs of a confidential and personal nature. Transfers amount for each Affiliate equals the total grant (or funding) less the amount recorded in the previous section for personal services for that affiliate.
- Supplier Payments - disclose payees name and amount paid for the provision of goods and/or services to the RHA. Also, include contracts over the minimum threshold of contracts where an "employer/employee" relationship does NOT exist.
- Other Expenditures - disclose payees name and amount paid for expenditures of the RHA above the threshold not included in other categories.

APPENDIX D—PAYEE LIST

Appendix D—Payee List

PERSONAL SERVICES

AARRESTAD	DANITA	$	68,205.61	BANKS	CONNIE	$	68,636.23
ABBAS	RACQUEL	$	76,202.26	BANNERMAN	LORETTE	$	141,262.91
ABRAMETZ	CATHRYN	$	85,685.03	BANNERMAN	MEGHAN	$	67,105.51
ADAM	RAELENE	$	71,226.50	BARCELONA	CAROLINE	$	115,950.13
ADAMS	IAN	$	55,337.17	BARGEN	REBECCA	$	94,937.41
ADRIAN	CYNTHIA	$	71,798.95	BASARABA	CONNIE	$	76,733.74
AHENAKEW	CONNIE	$	67,959.14	BASARABA	LAURA	$	50,935.82
ALARA	SAMUEL	$	92,685.66	BASSENDOWSKI	SHANNON	$	54,345.23
ALASAGAS	TITO MARI	$	127,355.74	BATAWALA	AMANDA	$	58,718.00
ALDOUS	KAYLLA	$	64,282.12	BATES	CINDY	$	51,630.91
ALEY	LENDRA	$	89,747.33	BATISARISARI	JUDY	$	106,117.91
ALLEN	ALETA	$	108,787.39	BATTY	DARLENE	$	121,418.97
ALMEN	TANIA	$	53,684.62	BATTY-SIMONAR	ALLISON	$	74,913.59
ALTENBERG	DIANNE	$	64,727.92	BAXTER	DEANNE	$	57,443.78
ALVAREZ	D CHI MIN	$	136,659.05	BEAR	ALISON	$	117,308.08
AMUNDSON	LUCILLE	$	91,760.36	BEAR	MILDRED	$	65,550.61
AMYOTTE	JANELLE	$	90,461.13	BEAUCHESNE	HEATHER	$	85,148.50
ANAKA	KIM	$	100,015.03	BEAULAC	DANIELLE	$	70,081.98
ANDERSEN	CHELSEA	$	57,818.19	BEAULIEU	DOLORES	$	80,974.85
ANDERSON	BRIAN	$	58,543.38	BEDDOME	JUDY	$	94,771.42
ANDERSON	ERYKA	$	79,949.46	BEDI	DONA	$	105,811.20
ANDERSON	JAN MARIE	$	63,298.44	BEGRAND	AMANDA	$	51,159.31
ANDERSON	MICHELLE	$	63,777.38	BEKKATTLA	COLLEEN	$	96,717.49
ANDERSON	NASTASSIA	$	54,539.73	BELAIR	CHELSEA	$	83,216.33
ANDERSON	PENNY	$	65,717.90	BELAIR	KIMBERLY	$	75,309.84
ANDRE	BRENDA	$	70,793.84	BELAIR	MARC	$	70,230.55
ANDRES	BONNIE	$	80,391.71	BELISLE	SHIELEMAH	$	75,145.57
ANTOINE	JANE	$	104,770.62	BELL	DENISE	$	94,751.63
ANTONSON	JENNIFER	$	56,378.11	BENDALL	DIANA	$	81,112.11
APPLEYARD	APRIL	$	83,097.68	BENNETT	LORNA	$	57,070.94
APRIL	SUSAN	$	72,002.39	BENSON	DONNA	$	85,873.11
AQUINO	RONALD JA	$	103,825.51	BENTZ	STACY	$	72,235.80
ARCAND	TARA	$	53,875.74	BERG	NATALIE	$	53,684.63
ARCHIBALD	CHRIS	$	72,918.21	BERG KOLODY	LISA	$	126,134.91
ARCHIBALD	PAMELA	$	96,197.74	BERGEN	KELLY	$	68,778.58
ARNOLD	TAMMY	$	53,079.62	BERGQUIST	CARLA	$	64,098.16
ASCHENBRENNER	CATHERINE	$	51,015.68	BERGQUIST	JANICE	$	51,254.69
ASCHENBRENNER	JOANNE	$	67,400.83	BERKACH	TANISHA	$	84,824.42
ASHIRU	ROSE	$	73,582.75	BERNIER	LOUISE	$	55,843.83
ASHWORTH	SUSAN	$	80,922.94	BEST	ROBYN	$	85,043.39
ASPLIND	JANICE	$	55,748.15	BIBBY	BRAD	$	79,143.90
ATCHESON	WANDA	$	113,904.87	BILLAY	ROBERT	$	82,921.33
ATTA	PHILIS	$	53,161.67	BIRCHAM	TABBATHA	$	77,271.46
AUG	ANGELA	$	87,722.43	BIRD	ALICE	$	99,804.71
AUG	DARCIE	$	86,759.49	BISSKY	AMANDA	$	72,355.62
AUG	LAURA	$	98,527.44	BISSKY	BORIS	$	70,613.04
AZURE	COLIN	$	97,382.12	BLACK	VERENA	$	52,675.49
AZURE	MERISSA	$	91,471.66	BLAHUT	DARCY	$	88,020.15
BADGLEY	STEPHANIE	$	78,286.06	BLAIN	DANIELLE	$	84,262.81
BAE	HYUNA	$	52,828.25	BLAIR	MICHELLE	$	96,853.18
BAGLOLE	SHAUNA	$	88,064.66	BLAIS	RANDI	$	92,387.11
BAGONGON	IRVIN	$	128,003.14	BLECHINGER	CHARITY	$	93,871.95
BAHM	ASHLEY	$	72,220.27	BLECHINGER	KEVIN	$	95,142.37
BALAN	REBECCA	$	56,617.23	BLOCKA	LYNN	$	105,463.41
BALICKI	VALERIE	$	54,086.27	BOEHM	DEBRA	$	56,557.90
BALLANTYNE	TAYNA	$	59,726.25	BOETTCHER	KYLIE	$	77,215.68

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

BOISSON	SHERRI	$ 94,763.63	CATTE	JENNIFER	$ 89,944.99
BOLOTNIUK	LORI LEE	$ 93,634.89	CHADWICK	JILL	$ 87,616.71
BONDOC	ALBERTO	$ 53,032.35	CHADWICK	SHERRI	$ 54,579.41
BONNE ANNEE	BRUNETTE	$ 90,335.80	CHAGNON	COURTNEY	$ 55,436.52
BOROWSKY	HEATHER	$ 83,204.63	CHAGNON	MARLENE	$ 61,244.67
BORUCH	DONNA	$ 52,242.02	CHAMBERS	LISA	$ 80,925.09
BORUCH	HEATHER	$ 55,748.68	CHARLES	CHRISTINA	$ 71,963.96
BOURDON	MEGAN	$ 81,128.60	CHARTRAND TRZASK	CHRISTINA	$ 82,498.67
BOUVIER	AIMEE	$ 81,903.80	CHAVEZ	CHRIZALYN	$ 108,045.50
BOYCHUK	LOIS	$ 100,210.72	CHAVEZ	MALCOLM	$ 123,079.72
BOYER	COURTNEY	$ 66,231.73	CHEDOGI	MARIUSZ	$ 57,010.22
BOYER	DEANNA	$ 65,767.15	CHESTER	SHERI	$ 56,131.51
BOYKO	RILEY	$ 56,739.11	CHICOINE	MICHELLE	$ 55,865.97
BRAATEN	DEANNE	$ 80,511.73	CHORESCA	CHRISTIAN	$ 66,415.76
BRAATEN	NAOMI	$ 55,344.57	CHRETIEN	EVELYN	$ 94,069.45
BRAD	DONNA	$ 138,659.88	CHRISTMANN	KIM	$ 96,482.07
BRAHNIUK	CORINA	$ 74,106.83	CLARK	ALYSSA	$ 86,482.94
BRAKE	BRENDA	$ 98,253.74	CLARK	JANET	$ 110,348.27
BRANDOLINO	BRANDY	$ 59,522.25	CLARK	RHONDA	$ 73,133.72
BRAY	WILLIAM	$ 82,702.29	CLARKE	RHONDA	$ 51,790.84
BREKER	BRENDA	$ 61,203.11	CLARKE	TRINA	$ 73,384.15
BREKER	KRYSTAL	$ 51,979.93	CLIMENHAGA	DARCI	$ 114,315.29
BROOKS	COLEEN	$ 94,614.54	COCHRANE ZALEWSK	MICHELLE	$ 66,759.10
BROOKS	JOANNE	$ 66,421.26	COLLINS	SHARON	$ 79,104.36
BROWN	APRIL	$ 50,264.13	CONANT	DANA	$ 52,935.23
BROWN	DARLA	$ 77,410.68	CONDIE	TARENE	$ 61,032.89
BROWN	MARJORY	$ 96,855.71	COOK	BRANDI	$ 53,906.00
BRUCE	LYNN	$ 97,331.28	COOK	DELPHINE	$ 77,963.19
BRUNER	DONNA	$ 84,775.79	COOK	DONNA	$ 95,638.79
BRYDGES	JOANNE	$ 96,311.01	COOLING	JERRILYN	$ 72,315.81
BUNDALIAN	CHARRY	$ 139,343.45	COOPER	SHEILA	$ 80,843.09
BURANT	JOANNE	$ 65,484.18	COPELAND	MAUREEN	$ 57,085.34
BURNIE ALLEN	P JILL	$ 81,840.77	CORNELSON	KELLY	$ 54,827.07
BURNOUF	DEBRA	$ 83,671.67	COTTINGHAM	JASON	$ 79,848.66
BURNS	JAELYNN	$ 93,485.70	COUTU	JAS	$ 93,603.84
BURWOOD	LINDA	$ 58,233.51	COUTURE	PATRICIA	$ 104,454.73
BUTLER	CHARLENE	$ 78,281.39	COYLE	CATHERINE	$ 147,206.11
BUTTERFIELD	MARINA	$ 108,868.30	CRAWFORD	ELEANOR	$ 53,540.85
CABILAO	EVANGELIN	$ 104,449.37	CRAWFORD	SHELLEY	$ 95,453.41
CAGUIN	MERIAM	$ 86,391.25	CROSWELL	ROSEANN	$ 57,472.23
CALAYO	CLARISSA	$ 65,544.30	CROWE	KARA	$ 51,610.93
CALIAO	MARIA	$ 64,893.78	CURTIS	CHONA	$ 63,292.94
CAMAGAN	SHIELA	$ 50,699.30	CUTTING	EUNICE	$ 95,585.16
CAMCHE	ALLISYN	$ 84,307.45	CYR	LINDA	$ 80,227.09
CAMERON	DIANA	$ 81,692.23	CYR	MURIELLE	$ 101,935.22
CAMPBELL	LORRAINE	$ 97,300.34	DAGENAIS	SHAWN	$ 87,104.74
CAMPONI	ROSA	$ 110,606.37	DAHL	DOUG	$ 94,018.07
CARLSON	TRACY	$ 83,205.75	DALLMAN	BROOK	$ 97,833.24
CARRIER	JANET	$ 66,126.40	DALLMAN	CORAL	$ 76,336.28
CARRIER	MARLENE	$ 67,624.95	DALLMAN	JASON	$ 88,512.23
CARRIERE	SHELLY	$ 72,280.92	DANIELS	DORIS	$ 62,759.61
CARRUTHERS	GLENN	$ 120,053.04	DAONGAM	RAI LIN	$ 78,165.60
CASAVANT	MEGHAN	$ 74,685.75	DAVIDSON	ELBERT	$ 82,013.25
CASSIDY	CHRISTIE	$ 55,227.43	DAVIES	TRACIE	$ 95,213.17
CATRAL	IRIS ELLA	$ 108,793.44	DAVIS	DALE	$ 50,814.63
CATTE	JASMENE	$ 91,736.85	DAYTON	DAREN	$ 54,919.44

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

DE LARA	PRESSIE F	$	183,867.01	ERVICK	JILLIAN	$	77,824.77
DE LARA	RIQUE ALB	$	88,896.65	ESCUETA	JAN KEITH	$	108,537.04
DEFOREST	JACQUELIN	$	75,738.97	ESCURO	MICHELLE	$	107,228.03
DELAINEY	YVETTE	$	55,511.81	EVANGELISTA	NOMY	$	105,255.98
DELI	HEATHER	$	65,638.53	EVANS	JODY	$	80,293.28
DELISLE	MARC	$	108,949.30	EVANS	KATHY	$	78,046.22
DELLER	MARTINA	$	61,810.91	FABAY	ZENAIDA	$	57,311.00
DELORME	DARRELLE	$	54,152.53	FAHLMAN	THERESA	$	119,603.13
DELPARTE	CORINNE	$	93,457.20	FALLOON	NADINE	$	131,189.72
DEMERS	BETTY ANN	$	50,711.89	FAMULAK	KEVIN	$	97,038.37
DEMERS	LINDSAY	$	77,431.58	FARTHING	KRISTA	$	110,403.86
DENECHEZHE	MELINDA	$	66,429.43	FAVREAU	GLENDA	$	75,409.36
DENIS BLAIS	DIANNE	$	98,439.94	FEATHERSTONE	TOBI	$	76,885.31
DEVERS	MICHELLE	$	62,621.04	FECYK	DIANA	$	90,736.52
DEWHURST	BONNIE	$	66,972.84	FEDORUK	BRETT	$	51,232.69
DICKENS	MICHELLE	$	55,607.05	FEE	CHRISTAL	$	78,104.16
DICKENS	TERESA	$	73,335.37	FEHR	SHERYL	$	68,605.29
DICUS	ESTELLE	$	73,237.84	FELSKE	BRENDA	$	93,050.78
DICUS	MELANIE	$	60,087.37	FENNIG	MICHELLE	$	59,625.36
DIEHL	GAIL	$	80,448.55	FERGUSON	BRITTANY	$	55,162.45
DOBRATZ	KRISTINA	$	56,966.62	FERGUSON DODGE	KAREN	$	56,933.68
DOBROWOLSKI	MARK	$	79,802.72	FERLAND	BEVERLY	$	63,051.34
DODDS	LORRAINE	$	68,394.56	FERRERAS	MARLON	$	51,767.47
DONALD	HELEN	$	114,721.58	FERRIS	KAREN	$	78,577.23
DOOLEY	NIKKI	$	88,131.46	FERRIS	KARIN	$	84,784.00
DOROSH	TONI BRAI	$	56,836.69	FESCHUK	JANINE	$	71,253.64
DORVAL	TWYLA	$	68,089.99	FIDDLER	ALICIA	$	50,300.02
DOUCETTE	DANA	$	62,255.30	FIDDLER	CHARITY	$	77,015.02
DOUCETTE	FLORETTE	$	107,805.45	FIDDLER	DANIELLE	$	78,731.92
DOUCETTE	MAUREEN	$	76,485.23	FIDDLER	JOSEPHINE	$	72,091.45
DOWLING	DEANNE	$	104,084.36	FIDDLER	SHAUNNA	$	92,629.49
DRAGSETH	KALA	$	76,761.06	FIDDLER	TRACEY	$	73,374.19
DREAVER	CARRIE	$	62,423.46	FISHER	BARBARA	$	106,700.25
DREHER	SEAN	$	56,626.98	FISHER	BONNIE	$	53,603.47
DRIESCHNER	ARLENE	$	85,903.55	FJELD	TERRY	$	94,568.26
DRYKA-GAMMON	MELISSA	$	72,569.97	FLADAGER	LAURYN	$	65,779.22
DUBYK	DEBORAH	$	56,338.44	FLETT	SHAELENE	$	103,420.51
DUNCAN	KAREN	$	64,177.81	FLEURY	CARLA	$	52,022.03
DUNHAM	ASHLEY	$	100,703.88	FLEURY	MEGHAN	$	104,548.46
DUNN	ERIN	$	100,789.63	FORD	AUDREY	$	90,853.20
DUPUIS	JOCELYNE	$	80,958.63	FOSTER TOMLINSON	LYNDSAY	$	130,316.75
DUPUIS	TRACY	$	52,844.58	FRANC	JOANNE	$	85,903.88
DURET	ALINE	$	81,873.05	FRANC BEAURIVAGE	LYDIA	$	70,168.56
DUTKA	PATTI	$	55,540.40	FRANCIS	REID	$	117,726.16
DYNNA	MAUREEN	$	72,851.26	FRANDSEN	JUDY	$	53,210.74
DZIAK	EWELINA	$	98,494.20	FRANKS	JUDY	$	54,428.75
ECALDRE	PETER	$	117,671.70	FRENCH	BRENDA	$	54,874.14
EDMISON	JANE	$	59,627.50	FRIESEN	CAMERON	$	81,379.07
ELLIOTT	CHERYL	$	184,158.38	FRIESEN	CRYSTAL	$	64,190.03
ENNS	BRETT	$	162,831.96	FRIESEN	LORI	$	114,255.14
ENS	JODY	$	65,994.15	FRIESEN	REBECCA	$	61,382.29
EPP	MARISA	$	61,167.06	FRIESEN	TERRY	$	116,993.40
EPP	ROBYNN	$	52,904.38	FRISE	MARY ANN	$	93,245.76
ERICKSON	KRISTEN	$	72,288.38	FROST	EMILY	$	75,239.23
ERMINE	PEARLINE	$	53,353.23	FULLER	BONNIE	$	93,645.02
ERTMAN	DEBORAH	$	57,324.81	FULLER	SHARON	$	67,485.39

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

FURBER	CHRISTINE	$ 102,655.13	HADUIK	SHAUNNA	$ 100,213.98
FYRK	KRISTIN	$ 63,253.74	HAIGHT	LISA	$ 51,530.50
GABOURY	ANGELA	$ 62,904.87	HALCRO	QUENTIN	$ 105,468.89
GAGNE	JENNIFER	$ 57,623.63	HALDORSON	ELAINE	$ 53,154.00
GALE	CRYSTAL	$ 54,601.09	HALL	ERIN	$ 76,450.16
GALLINS	LORI	$ 64,975.48	HALSALL	DAWN	$ 87,808.66
GARCIA	ZENAIDA	$ 128,720.69	HAMILTON	TRUDY	$ 107,226.96
GAREAU	JACLYN	$ 52,286.41	HAMMOND	NEAL	$ 54,969.62
GAREAU	LYNETTE	$ 70,455.82	HANNOTTE	THERESE	$ 52,768.70
GAREAU	TAYLOR	$ 74,944.67	HANSEN	KRISSIE	$ 87,211.67
GARRARD	STEVE	$ 75,604.42	HARASYN	MELISSA	$ 61,949.00
GATIN	PEGGI LYN	$ 86,357.50	HARASYN	TANYA	$ 108,987.16
GAUDET	DEAN	$ 79,204.99	HAREUTHER	JENNIFER	$ 92,535.18
GAUDET	DORI	$ 126,954.36	HARKER	WENDY	$ 59,166.06
GAUDET	SKYE	$ 50,379.10	HARRADENCE	LISA	$ 108,601.52
GAUDRY	KORALIE	$ 66,081.45	HARRIS	CINDY	$ 53,069.69
GAVERONSKI	NANCY	$ 82,731.69	HARRIS	JACQUELIN	$ 64,394.66
GEDDERT	DAWN	$ 116,127.52	HARRIS	MICHELLE	$ 56,748.10
GENCIANA	CAROL JOY	$ 143,213.43	HARRIS	MONICA	$ 70,853.83
GENEST	ANGIE	$ 56,624.74	HARRIS	TRUDY	$ 52,159.65
GEORGE	JIGSY	$ 123,224.09	HARRISON	KAREN	$ 55,177.49
GEORGET	ALDEN	$ 97,872.63	HARRISON	LORAINE	$ 108,985.46
GERLACH	KAREN	$ 57,635.96	HART	LYLA	$ 127,330.16
GERVAIS	MELISSA	$ 83,885.29	HARVEY	AUDREY	$ 52,766.40
GIBSON	HEATHER	$ 54,564.92	HATCH	JOY	$ 76,380.30
GILBERT	CHRISTA	$ 55,173.64	HATCH	SANDY	$ 51,805.63
GILL	HEATHER	$ 59,634.92	HAYDUK	KAREN	$ 57,348.04
GILL	SARBRINDE	$ 85,037.66	HAYES	STACI	$ 57,173.10
GILLESPIE	ALISON	$ 84,157.85	HEBBLETHWAITE	JOANNE	$ 83,562.64
GILLIS	TAMMY	$ 106,128.39	HEIDEL	SANDY	$ 59,089.96
GILMOUR	JANEL	$ 73,200.71	HEIN	AMBER	$ 52,369.17
GIZZIE	BREAN	$ 77,697.92	HEIN	EDITH	$ 93,375.35
GLOVER	TARA	$ 69,558.34	HEIN	GORDON	$ 93,029.38
GLYNN	KATHY	$ 53,008.29	HEINRICH	KAREN	$ 58,881.67
GO	JOHN	$ 76,583.34	HELMUTH	LOVETTA	$ 100,064.75
GOERTZEN BAIER	SHERRI	$ 75,260.61	HENRICKS	CATHERINE	$ 50,783.88
GOLDING	TAINA	$ 99,642.96	HENRY REILLY	KRISTIN	$ 124,886.11
GOLEZ	ANALYN	$ 50,182.85	HENSON	DANIELLE	$ 74,226.92
GOLEZ	LEOVI	$ 52,089.32	HERBERT	ASHLEY	$ 132,144.02
GOLLER	SHELLEY	$ 82,559.49	HERBST SUTOR	MICHELLE	$ 105,752.62
GONZALES	LYRA	$ 110,850.73	HERMAN	JANICE	$ 59,434.73
GORDON	CATHY	$ 138,891.84	HEROUX	WENDY	$ 84,164.88
GREEN	VERONICA	$ 61,718.69	HEWITT	BARBARA	$ 82,745.50
GREGORYK	CAROL	$ 221,844.59	HICKS	CARRIE	$ 71,825.89
GRENIER	KAREN	$ 70,061.58	HILLIER	SHELLEY	$ 108,391.51
GRIER	VANESSA	$ 90,709.56	HIPKISS	NADINE	$ 97,773.73
GRIFFIN	SHARON	$ 136,802.56	HJERTAAS	JUDY	$ 85,175.33
GRIMARD	SHARON	$ 78,766.69	HNIDEK	FRANCES	$ 76,504.49
GRIMES	LISA	$ 90,339.51	HOANG	DUC	$ 103,843.65
GROENEN	HARRY	$ 74,013.80	HODGSON	ADRIANNE	$ 66,326.54
GROVES	JACQUELIN	$ 102,724.32	HODGSON	JULIE	$ 61,159.78
GUEDO	BROOKE	$ 76,244.98	HOEY	BRETT	$ 52,292.36
GUITARD	MICHELLE	$ 94,612.14	HOLLIDAY	LAUREN	$ 61,025.85
GUNN	KAREN	$ 134,069.21	HOLMEVIK	BONNIE	$ 53,671.97
GUY	COURTNEY	$ 104,475.19	HOLMGREN	KATHY	$ 65,949.73
GYOERICK	ROBIN	$ 70,810.63	HONIG	COLLEEN	$ 58,311.77

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

HOPE	PENNY	$ 109,556.24
HOPE	TRACEY	$ 83,505.84
HORACHEK	KATELYNN	$ 57,499.64
HORNER	LISA	$ 85,808.63
HORRICKS	SANDI	$ 55,435.07
HOVDEBO	ALYSON	$ 51,525.58
HOWARD	PATRICIA	$ 63,116.64
HRADECKI	KIMBERLEY	$ 108,296.67
HRENYK	LORETTA	$ 77,755.48
HRYNUIK	BRENDA	$ 51,252.05
HRYNUIK	KAREN	$ 80,600.89
HULL	JAMIE	$ 75,325.78
HUMPHREYS	SHEA	$ 80,508.67
HUNT	CECILE	$ 300,141.93
HUNTER	CHRYSTINA	$ 79,122.61
HUNTER	DARREN	$ 70,794.98
HUNTER	KATHRYN	$ 66,724.69
HUPAELO	MELANIE	$ 56,187.02
HURL	SHANNON	$ 54,931.67
HUXLEY	DENISE	$ 56,306.50
HYDES	SANDRA	$ 91,022.65
ISBISTER	SHERRY	$ 95,024.70
IVERSON	CATHY	$ 108,151.12
JABUSCH	KIM	$ 71,619.43
JACOBS	KATHARINE	$ 61,793.82
JAHN	SONYA	$ 86,445.49
JALBUENA	ROMMEL	$ 97,789.85
JAMES	MANUEL	$ 115,202.52
JANZEN	LAURIE	$ 86,239.48
JANZEN	SHAUNA	$ 60,160.26
JENKINS	PATRICIA	$ 80,722.57
JENNY	DEREK	$ 50,507.24
JENSEN	JESSICA-L	$ 64,653.47
JEZOWSKI	JAMILYNN	$ 80,555.69
JOHNSON	DARLENE	$ 53,582.91
JOHNSON	DEBORA	$ 98,899.14
JOHNSON	GERALDINE	$ 82,885.87
JOHNSON	IAN	$ 92,998.45
JOHNSON	JENNA	$ 68,370.65
JOHNSON	OPAL	$ 55,056.12
JOHNSTON	MERLE	$ 71,945.18
JOHNSTONE	CAROL	$ 51,095.87
JONES	HEATHER	$ 79,795.43
JONES	MONIQUA	$ 135,173.32
JOO	CHERYL	$ 92,901.69
JOSE	SWAPNA	$ 54,169.28
JUBILAN	ANN THERE	$ 99,757.99
JUDGE	ROSE LYNN	$ 51,864.21
JUSON	JOJAN PAU	$ 95,386.72
KAGLEA	COURTNEY	$ 94,651.35
KAJNER	CHELSEA	$ 63,505.76
KAMINSKY	DONNA	$ 97,508.22
KANIGAN	DANIELLE	$ 50,887.46
KARAKOCHUK	DENNIS	$ 124,516.16
KARDASH	JOHANNE	$ 115,402.87
KARPLUK	ABIGAIL	$ 102,250.75
KARPLUK	HANNAH	$ 55,081.72
KARPPINEN	LISA	$ 71,364.36
KARTES	SHIRLEY	$ 118,657.52
KAUR	SHARANJIT	$ 54,616.97
KAYTOR	DORI	$ 109,174.09
KAZMIRUK	ELOISE	$ 109,562.70
KEEL	ARLENE	$ 53,246.53
KELLY	ALANNA	$ 61,872.97
KENKE	KIMBERLY	$ 64,736.96
KENNEDY	JELAINE	$ 61,017.70
KENNY	SAMANTHA	$ 106,419.29
KENT	DEBBIE	$ 81,857.51
KERNOHAN	MURIEL	$ 60,500.18
KEYOWSKI	EVELYN	$ 56,905.60
KIBANOFF	CONSTANTI	$ 84,446.13
KILKENNY	SIAN-BARB	$ 71,999.24
KILMER	CAITLIN	$ 57,832.44
KING	DARCI	$ 60,216.20
KITCHING	KAREN	$ 70,661.26
KITCHING	MELISSA	$ 87,648.98
KNAUS	SABRINA	$ 58,789.14
KNOKE	KAELA	$ 50,198.43
KNOUSE	JENNIFER	$ 70,278.47
KNUDSEN	JENNIE	$ 77,293.25
KNUTSON	JANELLE	$ 107,928.57
KOHUT	BERNICE	$ 50,475.59
KOLENDRESKI	DWAYNE	$ 97,692.47
KOMAIKE	LOIS	$ 81,181.91
KONGAWI	AMANDA	$ 110,117.43
KOSIK	LEANNE	$ 58,790.91
KOSOLOWSKY	ASHLEY	$ 66,740.43
KOSTIHA	DEBRA	$ 71,708.19
KOZOWY	DARLENE	$ 53,586.43
KRAUSS	DWIGHT	$ 86,575.77
KRAWEC	CARMEN	$ 103,440.66
KRSACOK	MARILYN	$ 80,824.69
KRUGER	KYSA	$ 57,368.65
KUERVERS	BRETT	$ 60,224.98
KUKAC	CHARLINE	$ 63,736.87
KULAR	CHARANJIT	$ 75,565.90
KULLAR	NAPINDER	$ 89,836.35
KUTNIKOFF	JOANNE	$ 59,887.36
KWIATKOWSKI	BRENDA	$ 80,182.05
KWOK	JOANNE	$ 154,683.75
KYEI	JOYCE	$ 125,575.64
LABIUK	PEARL	$ 59,165.69
LACHANCE	DELORES	$ 65,925.01
LADEZA	REYNALDO	$ 125,802.35
LADOUCEUR	NATALIE	$ 120,357.21
LAFLEUR	MONA	$ 86,193.32
LAI	YUN	$ 123,405.55
LAJEUNESSE	BRANDI	$ 51,867.71
LAJEUNESSE	JOANNE	$ 115,217.06
LAJEUNESSE	LEANNE	$ 55,828.48
LALONDE	MARIE ANN	$ 94,178.65
LAMBKIN	LAUREN	$ 51,307.56

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

LAMERZ	KAYLA	$	57,680.99	MAKELY	JANICE	$	84,930.79
LAMOTTE	RANDI	$	74,458.81	MALACH	KIRK	$	79,011.22
LANG	BRIDGETTE	$	86,530.84	MALM	RICHELLE	$	60,657.09
LAROCHE	TRENA	$	103,775.55	MANDERSCHEID	DARYL	$	64,187.25
LARSON	AIMEE	$	96,215.57	MANGALINO	MARIA PIL	$	70,418.96
LARSON	DEANNA	$	70,168.77	MANGALINO	WOODROW	$	75,713.29
LARSON	MEAGAN	$	122,193.71	MANGASER	LEILA	$	106,576.05
LAT PALISOC	MICHELL	$	124,353.21	MANSOOR	SADIA	$	78,260.51
LAURIDSEN	SHANDI	$	66,770.24	MANTE	RAYMOND	$	82,825.35
LAVENTURE	SHANNON	$	55,063.72	MARCIA	LAURA	$	91,955.42
LAVOIE	TRENT	$	71,154.22	MARDELL	DAWN	$	75,418.58
LAWSON	TAMMY	$	97,559.45	MARION	MELANIE	$	90,632.43
LEADERHOUSE	JODI	$	94,531.55	MARSHALL	LAURA	$	81,322.13
LEAHY	SHINEEN	$	70,052.79	MARTENS	MICHELLE	$	105,188.77
LEBLANC	NICOLE	$	83,432.43	MARTENS	SONYA	$	77,460.27
LECOMTE	HEIDI	$	75,429.49	MARTIN	DIANE	$	93,174.14
LECOMTE	KATIE	$	61,004.19	MARTIN	GINA	$	67,112.39
LEFEBVRE	WANDA	$	104,148.38	MARTIN	KELLIE	$	89,856.21
LEHNER	NOLA RAE	$	78,854.28	MARTIN	PAULETTE	$	88,081.18
LEHOUILLIER	JENNIFER	$	54,589.16	MARTINEZ	NANCY	$	67,422.02
LELAND	TRAVIS	$	74,424.11	MASIGLAT JR.	PEPITO	$	196,912.88
LEPAGE	ADRIEN	$	131,250.55	MASON	JEFFREY	$	87,372.00
LEPAGE	CHLOE	$	75,976.68	MASON	KAREN	$	87,005.78
LEPAGE	CHRISTINA	$	87,363.00	MASON	PAULINE	$	83,006.51
LEPINE	ASHLEY	$	80,155.92	MASUSKAPOE	CAROL	$	77,185.21
LEPINE	LAURILLE	$	72,662.09	MATHEIS	ELONA	$	95,394.16
LEPITZKI	MARGO	$	59,063.40	MATHEW	SUNIL	$	64,244.49
LESCHYSHYN	CYNTHIA	$	109,144.55	MATHIASON	JILLEEN	$	79,984.24
LESKO	CARLIE	$	90,363.96	MATICE	MADELEINE	$	87,891.16
LESKO	ROBERT	$	50,911.57	MATURAN	RODRIGO	$	58,098.00
LESPERANCE	CATHLEEN	$	59,720.13	MATURAN	ZOSIMA	$	117,752.63
LIN	JUDY	$	65,170.27	MAXIMIUK	RACHEL	$	60,024.04
LINDGREN	ANGELA	$	62,904.69	MAY	CHARLENE	$	90,862.62
LINDSAY	THERESA	$	59,408.69	MCALEESE	TIFFANY	$	70,146.08
LINFITT	DANIELLE	$	78,551.51	MCCALLUM	LAURA	$	123,422.07
LINKLATER	DANA	$	88,254.92	MCCALLUM	LAUREENA	$	105,268.49
LITTLE	JESSICA	$	70,290.23	MCCOLM	MICHELLE	$	77,731.54
LIU	JIE LING	$	101,896.77	MCCREA	ANGELA	$	57,024.90
LLOYD	KELLENE	$	140,385.42	MCCREADY	DEBORAH	$	93,222.54
LLOYD	MARIA	$	72,834.10	MCDAID	LEONA	$	62,861.33
LOEWEN	NORMA	$	76,148.84	MCDONALD	BARBARA	$	108,410.34
LOFSTROM	ERICK	$	72,934.99	MCDONALD	JACLYN	$	92,003.97
LOFSTROM	LAUREL	$	73,899.84	MCEWEN	PATTY	$	58,469.14
LOPINSKI	AMANDA	$	62,943.45	MCIVOR	M RUTH	$	50,780.49
LUEKEN	CAROL	$	61,525.03	MCKAY	DEBORAH	$	69,445.67
LUKIC	AMIRA	$	55,161.88	MCKAY	DONALD	$	147,522.06
LUKOWICH	ARLENE	$	109,867.31	MCKINNON	LINDA	$	56,364.45
LUNDGREN	JUNE	$	58,845.30	MCKNIGHT	CHARMAINE	$	74,731.80
LYSITZA	SUSAN	$	71,751.73	MCLAUGHLAN	SYLVIA	$	69,223.42
LYSITZA-MALISCHE	SHELBY	$	78,747.47	MCLEAN	LEANNE	$	63,210.23
MACAULEY	MICHELLE	$	71,226.87	MCLEOD	DONNA	$	82,382.50
MACDONALD	CHARLENE	$	54,630.09	MCLEOD	EILEEN	$	99,228.20
MACNEIL	BEV	$	63,087.89	MCLEOD	GLORIA	$	108,419.62
MADWID	DOREEN	$	70,688.19	MCLEOD	JOLENE	$	85,597.41
MAGNUSSON	EVA	$	89,088.06	MCMILLAN	TERESA	$	105,685.21
MAH	STEVEN	$	80,099.03	MCMUNN	BRENDA	$	97,713.74

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

MCNABB	ADAM	$ 88,086.92	NAGY	SHIRLEY	$ 89,781.23
MEIKLE	LYNN	$ 105,790.22	NAHACHEWSKY	DONNA	$ 110,951.40
MEJIA	HANZEL	$ 83,030.62	NAPPER	RAE ANNE	$ 69,969.49
MELCHIOR	TESSA	$ 50,776.94	NATOMAGAN	CLAUDETTE	$ 86,680.34
MENGELL	PHILIP	$ 64,837.67	NATOMAGAN	JADENE	$ 69,427.45
MENOR	MARILOU	$ 75,728.76	NAYTOWHOW	PATRICIA	$ 71,737.98
MESIONA	LOURICYL	$ 79,926.39	NELMES	ALLISON	$ 75,048.86
MEVILLE	JENNIFER	$ 54,370.57	NELSON	CATHERINE	$ 73,352.56
MEYER	ROSALIE	$ 97,312.21	NELSON	DARCIE	$ 96,800.09
MEYERS	PAM	$ 80,685.12	NELSON	FAYE	$ 86,859.79
MEYERS	T RAELYNN	$ 50,619.61	NELSON	JOSEPH	$ 70,385.99
MIDDLEBROOK	VALERIE	$ 58,596.64	NELSON	LORI	$ 91,154.54
MILLER	CHRISTINE	$ 76,442.86	NEUDORF	JESSICA	$ 80,004.49
MILLER	HEIDI	$ 63,683.13	NEUDORF	RICK	$ 57,462.73
MILLER	KIMBERLY	$ 72,596.46	NEUFELD	LORNA	$ 77,522.08
MILLER	RENEE	$ 59,440.40	NEUMAN	ELAINE	$ 62,081.30
MILLER	RHONDA	$ 95,664.83	NEWMAN	SHELLEY	$ 72,989.42
MILLER	TANYA	$ 121,185.38	NICKLAS	MARVIN	$ 51,852.36
MILLS	BRENDA	$ 67,784.61	NICOLAS	BRITTANY	$ 79,287.82
MILLS	RAE	$ 84,933.05	NIKOLAISEN	BAILEY	$ 59,875.60
MIRASTY	TAMARA	$ 58,659.27	NOLAN	GWEN	$ 102,051.47
MISCHUK	CONNIE	$ 103,899.76	NORDLI	HEATHER	$ 76,272.89
MITCHELL	JAMES	$ 73,495.75	NSUNGU	HILDE	$ 75,729.47
MITCHELL	SHARON	$ 53,355.20	NUNEZ	JEANNINA	$ 68,945.27
MOFFAT	LANA	$ 58,708.73	NYIRONGO	DAYSHA	$ 55,210.16
MOMI	JASWINDER	$ 72,748.67	OAKES	KYLA	$ 81,391.23
MONETTE	DANA	$ 79,458.44	OBALDO	MARIA ANG	$ 118,057.32
MONETTE	JUSTIN	$ 90,128.75	OLDE	STEPHEN	$ 120,323.93
MONTILLA	JOE	$ 77,835.25	OLIVER	LYNN	$ 83,299.50
MONUS	TISA	$ 64,061.79	OLSEN	CORTNEY	$ 79,112.38
MOORE	BILLY	$ 54,835.75	OLSEN	LISA MARI	$ 56,207.44
MOORE	MARGARET	$ 86,513.35	OLSON	KELSEY	$ 60,268.95
MOORE	TROY	$ 108,373.55	OLSON	SHARON	$ 74,084.18
MORASH	SHARLA	$ 89,337.14	OLTHUIS	KATHRYN	$ 83,087.19
MORETTO	AMANDA	$ 83,397.74	OLUMIDE	THERESA	$ 62,676.51
MORHART	RANDY	$ 65,723.41	OSACHUK	ALYSSA	$ 62,582.35
MORIARTY	JUDY	$ 91,467.74	OSECKI	HOLLY-ANN	$ 86,265.90
MORIARTY	LINDA	$ 80,454.11	OSHANEK	JACLYN	$ 63,046.83
MORIN	WANDA	$ 67,494.05	OTTE	BRYAN	$ 79,361.34
MORLEY	MICHELLE	$ 91,779.13	OTTE	SHARON	$ 96,454.17
MORRISON	COLLEEN	$ 57,862.00	OTTERBEIN	SHIRLEY	$ 65,767.32
MORRISON	LAURIE	$ 69,849.62	OTTO	CRYSTAL	$ 75,911.52
MORRISON	MICHAEL	$ 63,164.19	OTTO	SAMANTHA	$ 53,130.99
MORROW	EVA MARIE	$ 90,650.89	OWEN	CAITLIN	$ 70,295.56
MOUROT	ROBIN	$ 95,617.15	OXBY	ROSALYN	$ 58,201.51
MOYER	PATSY	$ 66,281.94	PAGUIO	JOANN	$ 98,410.32
MUGLESTON	LANNIE	$ 59,263.40	PAINTER	JUDITH	$ 81,069.80
MULLER	SHARON	$ 66,404.36	PALAGIAN	MAUREEN	$ 63,987.09
MULLNER	CHARLES	$ 80,701.42	PALIDWAR	SHERRY	$ 57,376.28
MUMM	LORNA	$ 69,145.98	PANGILINAN	MICHAEL A	$ 117,918.50
MUNAR	WILMA	$ 208,333.45	PANO	ANALYN	$ 53,202.68
MYCHAN	KARA	$ 54,310.54	PANO	NOLI	$ 50,337.59
MYCHAN	SHANNON	$ 56,236.91	PARADIS	JENNIFER	$ 53,204.73
NABESS	DEBRA	$ 67,682.71	PARCHEWSKI	LYNNE	$ 60,205.25
NAGRAMA	TARCILA	$ 117,974.03	PARCHOMCHUK	LYNN	$ 92,235.76
NAGY	AMANDA	$ 53,670.45	PARENT	EYVETTE	$ 102,539.88

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

PARENT	KIM	$	68,956.81	PUGH	MERLA	$	55,998.41
PARENTEAU	DEBBIE	$	54,211.90	QUINN	WENDY	$	62,203.84
PARKER	KELSEY	$	65,414.31	QUISTADIO	JOCELYN	$	55,849.60
PASHOVITZ	KATHRYN	$	57,492.95	QUISTADIO	LYNDO RYA	$	60,901.15
PASTUCK	CHANTELLE	$	92,290.01	QUITORIANO	ERMINDA M	$	129,323.73
PATOINE	STACEY	$	75,577.02	RABEJE	CHERYL	$	117,033.04
PATTERSON	MATTHEW	$	52,889.21	RABUT	LAURIE	$	68,775.91
PATTERSON	MELANIE	$	82,401.47	RABUT	TRACY	$	53,002.68
PAUL	CASSANDRA	$	55,113.52	RALSTON	MARGARET	$	129,460.07
PAUL	CHANTELLE	$	81,227.05	RAMOS	JONATHAN	$	56,396.06
PAUL	RENY	$	78,841.92	RAMOS	MARIVIC	$	120,561.42
PAUL	SHARON	$	50,773.62	RANCOURT	KRYSTAL	$	85,873.01
PEARSON	ADAM	$	106,425.44	RANDALL	BRENDA	$	76,894.22
PECHAWIS	JANELL	$	96,802.24	RANFORD	KELLY	$	51,350.68
PEEKEEKOOT	BETHANY	$	64,958.37	RASK	ALINE	$	149,200.37
PEEKEEKOOT	BROOKE	$	91,420.14	RATT	DIANDRA	$	55,641.01
PELLETIER	SHEILA	$	66,412.35	READ	MARCUS	$	65,278.61
PELLETIER	TROY	$	71,153.62	REDDEKOPP	DEZIRAE	$	54,894.27
PENNER	GRACE	$	96,343.84	REDPATH	JANE	$	74,900.61
PENNER	MARTHA	$	51,311.57	REGEL	ANDREA	$	59,621.94
PERALTA	EMMA	$	100,904.80	REGNIER	ADELE	$	89,333.62
PEREZ	MARIA ROS	$	78,952.51	REID	ROXANNE	$	80,105.50
PEREZ	MICHAEL J	$	52,039.17	REIMER	CRYSTAL	$	50,207.19
PERKINS	JO ANN	$	80,688.12	REITER	DEBRA	$	57,176.20
PERREAULT	SEAN	$	77,918.08	REMPEL	ELIZABETH	$	83,280.41
PERSON	BRENDA	$	105,273.50	RENAUD	JACQUES	$	92,427.71
PETER	GALE	$	119,350.26	RENDEROS	CARMEN	$	81,929.89
PETERSON	NADINE	$	51,974.63	RENNIE	BRIEANNE	$	71,713.03
PETHICK	WENDY	$	88,041.67	RENNIE	CORY	$	83,851.37
PETIT	LAURI	$	54,907.47	RENOUF	CHRISTINA	$	52,622.53
PETTY	HAILEY	$	92,997.67	REYNA	SHARLENE	$	52,826.29
PHANEUF	SHAWN	$	105,683.01	REYNDERS	ALEXANDRE	$	83,301.47
PHILLIPS	JASON	$	80,548.68	RHEAD	KRISTY	$	106,714.85
PICOT	JUDY	$	50,755.41	RICHARD	TARA	$	72,429.63
PILON	GAIL	$	92,072.10	RINDFLIESCH	MALIA	$	77,895.38
PILON	TAMMY	$	96,616.76	RISHCHYNSKI	KATHY	$	101,746.14
PISZ	EMILIA	$	52,155.07	ROBINSON	BRENDA	$	79,555.82
POCHA	BRITTNEY	$	55,957.80	ROBINSON	TAMMY	$	91,107.71
POETKER	PAT	$	99,110.32	ROBINSON	TREVOR	$	76,123.07
POGORZELEC	ELLEN	$	75,884.35	ROCHELEAU	ANDREA	$	79,826.55
POITRAS	STACY	$	75,830.84	ROCK	TYLER	$	72,203.42
POLLOCK	CELESTE	$	73,827.59	RODRIGUEZ	MARICEL	$	57,485.61
PORCINA	BRONWEN	$	73,761.52	ROGERS	JOAN	$	80,020.40
PORTER	BETH	$	66,464.80	ROLLES	CORY	$	91,686.57
PORTER	PAMELA	$	65,987.76	ROMANCHUK	MONICA	$	73,647.03
POTT	REBECCA	$	66,365.30	ROSALES	NONITA	$	52,334.94
POTTER	COLLEEN	$	88,541.06	ROSS	ALANA	$	108,772.80
POULIN	ALEXIS	$	87,258.78	ROSS	BERNA	$	83,717.11
POULIN	IVY	$	122,392.74	ROSS	LONNIE	$	64,958.18
POULIN	KIM	$	55,568.68	ROSS	PAUL	$	97,536.54
POWALINSKY	CHARLOTTE	$	104,248.70	ROSS	PENNY	$	63,996.45
PRETE	CAROL	$	79,273.45	ROSS	PETER	$	89,652.27
PRICE	TRUDY	$	56,191.62	ROTH	ALICE	$	97,424.48
PRIESTLEY MCALPI	DEBORAH	$	91,351.31	ROUSSON	AUDREY	$	121,579.28
PROUTY	CAITLIN	$	90,496.12	ROWE	TREVOR	$	65,798.60
PUETZ	LEAH	$	96,544.69	ROY	JEANNINE	$	76,682.67

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

ROY	NICOLE	$ 76,974.74	SKIBINSKY	DEBBIE	$ 83,128.99
ROY	TAYLOR	$ 54,072.74	SKIFFINGTON	RIKKI	$ 96,020.67
ROYER	CANDACE	$ 74,093.53	SKINNER	MICHAEL	$ 75,060.35
RUMBAOA	PAUL CEDR	$ 112,406.28	SLATER	DARLENE	$ 56,192.69
RUSK	AMIE LEE	$ 80,872.73	SLETTEN	CINDY	$ 98,079.49
RUSK	WANDA	$ 90,301.31	SLOWENKO	SUNYOUNG	$ 95,153.80
RUSZKOWSKI	ALISHA	$ 92,707.89	SMALL	CRYSTAL	$ 70,855.80
RUTHERFORD	LISA	$ 78,795.45	SMITH	CARMA	$ 81,168.61
SABO	FAYE	$ 76,815.33	SMITH	DERRICK	$ 80,679.03
SAGARDIA	CORRINNE	$ 51,607.21	SMITH	JEANNINE	$ 104,905.59
SAGARDIA SILVA	PAOLA	$ 53,490.45	SMITH	JENNIFER	$ 104,364.07
SAMUEL	HOLLY	$ 115,014.25	SMITH	KATHRYN	$ 94,888.37
SAN JUAN	MARICEL	$ 81,779.95	SMITH	RAYLENE	$ 84,281.00
SAND	DEREK	$ 73,125.56	SMITH	SHEILA	$ 82,075.56
SANDE	DANIELLE	$ 90,370.82	SMITH OPSETH	VALERIE	$ 75,712.45
SANDER	BEVERLY	$ 105,426.40	SNOW	LOUISE	$ 50,865.89
SANDERS	KENDRA	$ 75,820.60	SOGZ	CARA	$ 94,749.94
SANDERSON	NICOLE	$ 106,493.54	SOMMERFELD	ANTONIA	$ 108,805.82
SANDNESS	REGAN	$ 50,028.34	SONSIE	DANIEL	$ 58,838.89
SANSONE	CARMEN	$ 52,497.19	SORENSON	CONNIE	$ 81,681.43
SANTIAGO	SUSAN	$ 52,534.79	SPADEMAN	JAMI	$ 56,819.67
SANTOS	RICHELLE	$ 54,756.24	SPECHT	KIRSTEN	$ 73,253.09
SARCHUK	BRENDA	$ 110,333.78	SPENCE	LINDA	$ 63,988.07
SARRAZIN	CASSANDRA	$ 53,762.37	SPICER	JOHN	$ 74,218.91
SASAKAMOOSE	LANETTE	$ 92,795.85	SPROAT	CHARLENE	$ 70,082.83
SASS	KAREN	$ 51,065.52	SRAON	KULJIT	$ 139,006.31
SAUVE	BARB	$ 85,564.82	ST. AMAND	JAEDIN	$ 73,947.41
SAUVE	JOCELYN	$ 99,595.07	STABNER	JANET	$ 124,008.79
SAVAGE	SHAUN	$ 89,629.20	STACEY	RYAN	$ 74,872.20
SAWATSKY	ROXANE	$ 92,381.60	STADNYK	ELIZABETH	$ 109,531.64
SAWCHUK	KELLY	$ 94,572.18	STADNYK	LORI	$ 93,288.94
SAWICKI	MELISSA	$ 129,073.63	STAHL	LISA	$ 88,347.49
SAXTON	KRISTA	$ 50,271.05	STAHL	SARA	$ 72,651.92
SCHATTEN	MYRA	$ 53,382.42	STARBLANKET	LEANNE	$ 76,605.26
SCHOPP	ASHLEY	$ 100,275.31	STARK	STACI	$ 90,388.88
SCHOPP	TARA	$ 113,193.21	STEELE	MARIE	$ 52,830.62
SCHULTZ	MEAGAN	$ 83,578.06	STEFANSKI	ELIZABETH	$ 68,549.75
SCHUTTE	SHANNON	$ 98,703.65	STEFANYSHYN	CARI ANN	$ 105,785.19
SCRIVENER	DIANE	$ 152,573.97	STENE	MICHELLE	$ 63,666.48
SEIDLE	DEBBIE	$ 62,289.06	STENE CONNELL	TANYA	$ 68,147.82
SEMENOFF	JENNIFER	$ 52,460.06	STENSKE	TINA	$ 90,904.93
SETTEE	TINA	$ 71,365.15	STENZ	EDELTRUD	$ 94,028.93
SEVIGNY	KENDRA	$ 52,648.79	STEPHEN	DONNA	$ 52,078.61
SEWAP	LORRAINE	$ 81,852.62	STEVELY	VIVIAN	$ 73,937.16
SHEK	RITA	$ 103,783.76	STEVENS	ALECIA	$ 53,844.43
SHEPPARD	ANGIE	$ 64,307.02	STEWART	JOANNE	$ 56,908.65
SHERWIN-SHIELDS	ALACIA	$ 66,130.79	STHAMANN	MICHELE	$ 68,821.71
SHORT	CARLA	$ 64,107.06	STICKEL	JACQUELIN	$ 60,073.62
SHORT	NOREEN	$ 74,695.45	STIEB	BEATRICE	$ 65,825.31
SIGFUSSON	JANELLE	$ 76,879.40	STIEB	LEE	$ 77,414.94
SIMONAR	AMY	$ 54,025.62	STOBBS	LAURIE	$ 68,259.62
SIMS	LINDA	$ 127,173.25	STOCKI	JULIE	$ 82,867.20
SINCLAIR	PAMELA	$ 91,213.84	STOROSCHUK	NICOLE	$ 71,120.34
SINGH	KULWINDER	$ 76,817.60	STRANDBERG	JOEY CHRI	$ 106,083.87
SINGH	LAKHVIR	$ 58,150.33	STRATYCHUK	MICHELLE	$ 69,567.99
SKARPINSKY	BETTY	$ 93,346.26	STRAUGHAN	TRACEY	$ 58,614.74

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

STREET	MICHELLE	$ 85,579.70
STROM	CAROLYN	$ 75,249.97
STROMAN	LIBBY	$ 62,617.65
STUART	PATRICIA	$ 183,349.27
STUCKEL	ONNALEE	$ 109,514.53
SUCHAN	ROXANNE	$ 78,956.44
SUCHORAB	CATHERINE	$ 106,619.78
SUCHORAB	FRANK	$ 118,023.89
SUCHORAB	JENNIFER	$ 108,959.02
SUNIL	ANCY	$ 51,605.45
SURABHI	ABHILASH	$ 79,624.11
SURKAN	IDA	$ 105,421.58
SURPRENANT	LORRIE	$ 97,238.32
SUTHERLAND	SHANNON	$ 87,869.16
SWAIN	TRUDY	$ 72,560.16
SWAN	KATRINA	$ 70,541.13
SWAN-GAREAU	ASHLEY	$ 62,075.94
SWANSON	MARLENE	$ 77,455.83
SWENSON	ERICA	$ 55,904.76
SWENSON	RAMONA	$ 63,494.06
SWITYK CONACHER	LARISSA	$ 86,333.79
SY	ESTER	$ 50,759.64
SYLVESTRE	TYLA	$ 116,347.19
SZABO	DALE	$ 97,240.52
SZABO	HEATHER	$ 73,758.02
SZESZORAK	SYLVIA	$ 54,888.67
TABERNA	BERNARDIN	$ 56,648.63
TAMAYO	LEA MYRTH	$ 100,246.33
TAMAYO	REX	$ 87,784.90
TATARYNOVICH	MARY	$ 100,690.34
TAYLOR	BARBARA	$ 55,823.74
TAYLOR	DEBRA	$ 90,202.27
TAYLOR	JANINE	$ 57,743.57
TAYLOR	JEREMY	$ 88,426.55
TAYLOR	MEKALIA	$ 79,167.10
TAYLOR	VICTORIA	$ 81,195.83
TAYLOR WALL	KRISTEN	$ 79,629.38
TEER	DONNA	$ 56,794.51
TEER	RACHELLE	$ 89,944.91
TEICHREB	BRADLEY	$ 74,331.12
TENKINK	JESSICA	$ 92,389.64
TESSIER	AMBER	$ 75,255.06
TETREAULT	LAURIANNE	$ 69,503.27
THERRIAULT	KRISTINE	$ 72,339.83
THESEN	BARBARA	$ 101,369.43
THEVENOT	AMILEE	$ 50,564.29
THOLL	BETTY	$ 94,842.81
THOMAS	KATHY	$ 65,557.04
THOMAS	YVETTE	$ 97,613.92
THOMMES	ANNA	$ 102,408.07
THOMPSON	DONNA	$ 81,214.71
THOMPSON	JAMIE	$ 77,787.20
THOMPSON	KIMBERLY	$ 80,314.38
THOMPSON	TANNICE	$ 111,597.42
THORESEN	CHARLENE	$ 52,674.89
TILFORD	TOM	$ 92,013.54
TILSLEY	SHAWN	$ 58,702.73
TIPTON	CARMEN	$ 51,021.54
TOLLEY	JORDYN	$ 90,749.86
TOLOFSON	ALANNA	$ 67,734.02
TONER	KIMBERLEY	$ 88,282.75
TOPPING	CHELSEY	$ 50,216.84
TORREGOSA	BLEZEL	$ 55,078.30
TOUROND	LORI	$ 76,702.61
TOYE	COLLEEN	$ 103,879.02
TRAVERSE	AMBER	$ 73,638.86
TRUEMAN	CAROL	$ 197,239.33
TUKE	CASSANDRA	$ 77,156.42
TULLOCH	TARA	$ 69,200.96
TUPPER	ELISE	$ 62,028.04
TURGEON	CHERYL	$ 55,836.83
TURNER	IRENE	$ 81,237.66
TURNER WOJCICHOW	TANYA	$ 67,960.02
TWEIDT	PAMELA	$ 63,322.99
TYNDALL	JACINDA	$ 54,131.04
UDEY	CAROLYN	$ 50,749.52
ULCH	GWEN	$ 109,431.41
ULVILD	BRENT	$ 54,181.36
UMPHERVILLE	ALEXANDRA	$ 60,550.40
UMPHERVILLE	JANENE	$ 63,153.48
UNRUH	JILLIAN	$ 50,712.37
URSU	SHIRLEY	$ 54,850.96
VACCA	JULIE	$ 67,218.21
VACHON	CHARLES	$ 86,791.06
VAN DYCK	CAROLINE	$ 72,371.95
VAN OTTERLOO	MELISSA	$ 90,522.90
VANSIL	HEATHER	$ 78,223.83
VARGAS	ANGELICA	$ 51,495.00
VELLACOTT	JOYCE	$ 73,410.94
VERBONAC	DAYNA	$ 88,546.28
VERMETTE	CHASITY	$ 95,622.31
VEZEAU	JUNE	$ 86,576.82
VILLA	ANNA KHRI	$ 59,364.04
VILLAMAR	JULIUS	$ 115,778.14
VILLAMAR	MA CARLIA	$ 126,281.14
VILLAROSA	ELMER	$ 54,046.75
VILLELLA	JOE	$ 51,555.02
VONESCHEN	YVONNE	$ 107,531.28
WALKER	VICTORIA	$ 72,887.08
WALL	CYNTHIA	$ 69,159.61
WALLACE	EMILIE	$ 64,719.17
WALLACE	TRACI	$ 102,082.61
WALLIN	LISA	$ 74,548.48
WALTERS	JACKIE	$ 106,437.48
WANG	YU LI SAM	$ 73,807.04
WARKENTIN	BARBARA	$ 116,723.32
WARKENTINE	SONJA	$ 76,181.35
WARRINER	NOVA	$ 55,379.62
WASON	RICHELLE	$ 77,530.18
WASYLYSHYN	SHELLEY	$ 105,997.53
WATIER	RACHELLE	$ 54,258.28
WATSON	NAVDEEP	$ 98,216.91

Appendix D—Payee List

PERSONAL SERVICES

WATT	JANELLE	$ 73,683.09
WATT	ROBYN	$ 82,942.90
WAUGH BEAULIEU	TANYA	$ 78,978.85
WAWRO	KIM	$ 52,221.58
WEBSTER	KAILAH	$ 84,842.09
WEGER	CHERYL	$ 93,407.10
WEINRICH	BETTE ANN	$ 62,763.66
WELTER	MACKENZIE	$ 69,227.54
WEST	KIMBERLY	$ 105,783.22
WEST SHARP	PAMELA	$ 88,629.01
WHEELER	KYLA	$ 76,162.72
WHITE	LEAH	$ 105,519.46
WHITE	MILLICENT	$ 74,946.18
WHITFORD	TAMARA	$ 53,639.96
WICK	DEBORAH	$ 67,371.60
WIEBE	KRISTA	$ 55,598.12
WIEDERSPICK	MILDRED	$ 97,671.82
WIEGERS	MARY	$ 80,289.28
WIENS	DEANNA	$ 78,323.12
WILCOX GELHORN	AMY	$ 57,832.02
WILLIAMS	BRITTANY	$ 63,754.88
WILLIAMS	LORRAINE	$ 88,870.33
WILLIS	KIMBERLY	$ 100,484.51
WILSON	ALICIA	$ 53,699.59
WILSON	NATASHA	$ 91,081.04
WILSON	SHELLEY	$ 80,936.71
WINGE	DEBORAH	$ 106,349.54
WISEMAN	SHELLY	$ 89,409.58
WISER	VALERIE	$ 74,828.50
WOLLMAN	KALIN	$ 51,947.91
WOODEN	DIANA	$ 74,748.24
WOTHERSPOON	MURRAY	$ 75,530.86
WRIGHT	KATHY	$ 53,962.41
WRIGHT	KATIE	$ 74,576.05
WRIGHT	LOUISE	$ 54,537.04
WYAND	RON	$ 79,912.62
YAP	LOWIL	$ 51,175.59
YASIENIUK	MARY ANNA	$ 52,158.09
YOUNG	ALEXANDRA	$ 85,422.11
YOUNG	HOLLY	$ 115,122.52
YOUNG	JACLYN	$ 54,108.69
YOUNG	MATTHEW	$ 93,232.11
YOUNG	TYLA	$ 62,988.60
YUNGWIRTH	TRACY	$ 178,232.01
YUTING	ROCHELLE	$ 98,966.67
YUZDEPSKI	ROBYN	$ 81,588.15
ZAGIEL	LYNDA	$ 61,460.15
ZAHARA	RICK	$ 55,302.47
ZAKOWSKY	NICOLE	$ 99,322.13
ZALESCHUK	RICHARD	$ 93,888.49
ZANIDEAN	DARLENE	$ 97,820.73
ZAWISLAK	KIM	$ 90,045.84
ZBARASCHUK	KELLY	$ 82,910.06
ZDRILL	SAMANTHA	$ 77,966.92
ZELOWSKY	SUSANNE	$ 106,546.68
ZENTNER	NEIL	$ 150,620.57
ZENTNER	PAM	$ 53,931.46
ZHOU	XING	$ 82,189.22
ZIMMERMAN GLEW	NANCI	$ 61,637.13
ZORN	ALYSSA	$ 77,276.65
ZULKOSKEY	MARK	$ 71,682.38
ZWACK	MONIQUE	$ 96,598.66

TRANSFERS

BLAINE LAKE AMBULANCE CARE	$ 451,038.81
CANADIAN MENTAL HEALTH ASSN	$ 254,489.28
THE CO-OPERATIVE HEALTH CENTRE	$ 228,669.56
FAMILY FUTURES INC	$ 207,259.25
MONT ST JOSEPH HOME INC	$ 8,591,250.05
PRINCE ALBERT MOBILE CRISIS UNIT	$ 81,936.40
PARKLAND AMBULANCE CARE LTD	$ 2,988,810.09
SHARE	$ 804,128.81
SPIRITWOOD AMBULANCE CARE LTD	$ 1,106,618.69

Appendix D—Payee List

SUPPLIER PAYMENTS

3130827 CANADA INC (CPDN)	$	529,594.52
A+ CONTRACTING	$	50,941.68
ABBOTT LABORATORIES LIMITED	$	58,797.67
ABBOTT LABORATORY DIAGNOSTIC DIVISION	$	237,528.21
ABBVIE CORPORATION	$	57,805.92
AHEARN & SOPER INC.	$	64,498.79
ALCON CANADA INC	$	373,060.96
ALLERGAN INC	$	69,079.50
ANNE KUSHNEREK	$	52,925.03
ARI FINANCIAL SERVICES INC.	$	326,884.03
ARJOHUNTLEIGH CANADA INC	$	60,857.14
ASSA ABLOY ENTRANCE SYSTEMS	$	60,240.29
ASSOCIATED RADIOLOGISTS	$	3,317,879.63
BARB BOWDITCH	$	75,068.53
BARD CANADA INC	$	89,204.22
BAXTER CORPORATION	$	307,912.56
BAYER INC.	$	212,700.00
BECKMAN COULTER	$	177,661.49
BIOMED RECOVERY & DISPOSAL LTD	$	210,325.80
BOSTON SCIENTIFIC	$	53,948.40
BRACCO IMAGING CANADA	$	143,018.82
BRIDGES HEALTH	$	52,836.80
BUNZL CANADA INC	$	115,496.19
CANADIAN CORPS OF COMMISSIONAIRE	$	1,440,151.62
CANADIAN HOSPITAL SPECIALTIES	$	71,759.42
CARDINAL HEALTH CANADA INC.	$	962,615.20
CARESTREAM MEDICAL LTD	$	60,258.09
CHERRY INSURANCE	$	70,506.70
CHIEF MEDICAL SUPPLIES LTD	$	142,520.33
CINDY OLSON	$	60,368.16
CITY OF PRINCE ALBERT	$	367,169.44
COMPUTRITION INC.	$	95,924.04
COVIDIEN CANADA ULC	$	478,487.59
CUPE LOCAL 4777	$	1,490,348.24
CUSTOM BLINDS OF PRINCE ALBERT	$	64,560.81
DANIELS WIGERAK ENGINEERING LTD	$	67,431.01
DANRICH ENVIRONMENTAL CONTROL	$	104,090.66
DENIS ST. AMAND	$	87,331.14
DEVERAUX DEVELOPMENTS LTD	$	811,898.72
DOMINION BIOLOGICALS	$	58,255.30
DR MOSES OLAKANMI MEDICAL	$	271,394.12
DR PEGGY LAMBOS MEDICAL PROF CORP	$	472,702.40
DR. A. JANSE VAN RENSBURG	$	144,175.00
DR. A. RAMJI	$	476,502.40
DR. A.M. CHOKANI PODIATRY PROF	$	199,181.00
DR. AARON ADESINA	$	134,653.86
DR. AJOGWU MEDICAL PROF CORP	$	77,263.20
DR. ANDRE GROBLER	$	51,973.90
DR. ANITA TAJ MEDICAL PROF CORP	$	353,222.68
DR. ARCHIE ROBERTSON	$	56,416.82
DR. B. SILVEIRA MEDICAL PROF CORP	$	492,902.22
DR. BAQIR HUSAIN MEDICAL PROF	$	55,666.14
DR. BRENDA HOOKENSON	$	95,532.16
DR. C.E. CLARK	$	513,032.42
DR. CARMEN MIRCEA	$	526,541.44
DR. CECIL HAMMOND	$	254,528.70
DR. CHIEMENAM D. UDUJI MEDICAL PROF CORP	$	254,128.02
DR. CHRISTIE DE VILLIERS	$	77,258.50
DR. CHRISTINE RYAN	$	294,456.73
DR. COLIN GALLINS	$	356,233.70
DR. COLLINS EGBUJUO MEDICAL PROF	$	234,955.11
DR. CORNE S. SMITH	$	365,849.12
DR. CYNTHIA NAIR	$	166,861.42
DR. D. BULAT PROFESSIONAL CORP	$	472,702.40
DR. D. MARTEN	$	213,620.12
DR. DAWN POISSON	$	107,615.65
DR. E. MACIEL	$	76,088.38
DR. EDWARD ODOGWU MEDICAL PROF	$	404,865.44
DR. ERWIN DALMACIO CHAO	$	66,244.79
DR. FELIX OREFUWA	$	113,153.18
DR. FERDIE SMIT	$	447,764.15
DR. GREG OBRIGAVITCH MEDICAL PROF	$	73,632.40
DR. JACOB STEYN	$	73,496.93
DR. JAMES SAMSON MEDICAL PROF	$	267,905.67
DR. JJJ VAN DER MERWE MEDICAL	$	334,203.75
DR. JOANNE SIVERTSON	$	535,800.24
DR. JOHAN WESSELS	$	418,637.99
DR. JOHN RYE	$	76,708.26
DR. KATHLEEN LUMB	$	479,574.49
DR. KHAMI CHOKANI MEDICAL PROF	$	373,310.16
DR. KONYA SRIRAM MEDICAL PROF	$	64,389.94
DR. L.J COERTZE MEDICAL PROF	$	338,594.34
DR. LILANIE COOPER	$	393,849.63
DR. LINDSAY CRUICKSHANK NORTHERN PS	$	468,549.72
DR. M. DURUSSEL	$	472,702.40
DR. M.Z. HUSSAIN	$	84,256.58
DR. MARTIN VEITH	$	372,158.54
DR. MATTHEW PARSONS	$	214,511.34
DR. N.M. ARSIRADAM	$	67,206.74
DR. O. MABADEJE	$	484,074.68
DR. O. OWONIKOKO MEDICAL PROF	$	119,618.60
DR. OLABODE IGE, MEDICAL PROF CORP	$	114,611.88
DR. OMAR SHOKEIR	$	131,196.50
DR. PAUL ACHEAMPONG	$	120,345.30
DR. R. FRIESEN	$	377,075.80
DR. R. ROYEPPEN MEDICAL PROF	$	480,129.91
DR. R. SABARATNAM	$	393,891.96
DR. RADU ILIE-HAYNES MEDICAL PROF	$	53,435.19
DR. RASHID	$	133,004.99
DR. RUTH O'CARROLL	$	480,317.20
DR. S. BRIJALL MEDICAL PROF. CORP	$	493,079.60
DR. S.W. TECLEGIORGIS MED PROF	$	178,189.41
DR. SANTHERAN MOODLEY	$	493,002.65
DR. SHELBY JENKINS	$	337,179.82
DR. SUJAY ISHARWLALL MEDICAL PROF	$	68,052.65
DR. T. MALHOTRA	$	422,702.40
DR. TERRI PERSON	$	163,871.97
DR. V. PAREKH MEDICAL PROF. CORP	$	118,175.42
DR. V. UDAYASANKAR MED PROF CORP	$	528,210.61
DR. VICTOR ASEFA	$	75,611.22
DR. Y. PILLAY	$	481,041.52
DYNALIFE DX	$	61,540.37

Appendix D—Payee List

SUPPLIER PAYMENTS

eHEALTH SASKATCHEWAN	$	451,477.32	PRAKASH CONSULTING LTD	$	103,520.50
EMMANUEL ADEOYE OLUMIDE MEDICAL	$	269,702.87	PRINCE ALBERT ALARM SYSTEMS LTD	$	66,393.29
F. ROSSOUW MEDICAL PROF. CORP	$	289,644.23	PRINCE ALBERT PHOTOCOPIER LTD	$	171,344.28
FISHER SCIENTIFIC LIMITED	$	72,628.67	RBM ARCHITECTURE	$	114,395.93
FLYNN CANADA LTD	$	256,735.71	REGINA QU'APPELE HEALTH REGION	$	65,071.13
GE HEALTHCARE	$	510,109.55	RICHARD PYTLAK	$	108,279.60
GOLDEN OPPORTUNITIES FUND INC.	$	80,243.27	ROCHE DIAGNOSTICS	$	200,769.94
GRAND & TOY	$	172,892.47	RUSZKOWSKI ENTERPRISES LTD	$	83,553.38
GREAT WEST LIFE	$	778,558.72	S MARTINS MEDICAL PROF CORP	$	491,088.98
GREENLAND WASTE DISPOSAL LTD.	$	100,764.29	SAPUTO MILK DIVISION	$	251,053.28
HEALTH SCIENCES ASSOC OF SASK	$	223,589.03	SASK ENERGY	$	544,930.68
HILL-ROM CANADA	$	290,292.61	SASK POWER	$	1,733,774.69
HOLOGIC CANADA LIMITED	$	58,207.50	SASK UNION OF NURSES-REGINA	$	717,255.87
HOSPIRA HEALTHCARE CORPORATION	$	1,133,193.55	SASK WORKERS COMPENSATION BOARD	$	2,626,252.02
HOULE FURNITURE PLUS	$	100,983.52	SASKTEL MOBILITY	$	142,839.91
HVL DISTRIBUTION	$	93,222.13	SASKTEL	$	385,907.80
INNOVATIVE COMMERCIAL INC.	$	252,836.76	SCHAAN HEALTHCARE PRODUCTS	$	2,087,605.21
INSTRUMENTATION LABORATORY CANADA	$	85,171.57	SELECT MEDICAL CONNECTIONS LTD	$	469,258.25
INTER MEDICO	$	199,657.19	SHRED-IT INTERNATIONAL	$	66,700.36
JAMES R. BROWN MED PROF CORP	$	340,472.84	SIEMENS HEALTHCARE LIMITED	$	61,364.97
JOHNSON & JOHNSON MEDICAL PROD	$	115,517.89	SISTERS OF THE PRESENTATION	$	186,419.22
KAREN HARDER	$	57,104.16	SMITH & NEPHEW INC	$	80,390.10
KCI MEDICAL CANADA INC	$	169,871.86	SMITHS MEDICAL CANADA LTD	$	78,973.74
KIN ENTERPRISES INC	$	92,129.02	SOLUTIONS STAFFING INC.	$	443,366.65
LCM CONSTRUCTION LTD	$	84,279.52	SRNA	$	282,275.16
LEICA MICROSYSTEMS (CANADA) INC	$	87,922.86	STERIS CANADA LIMITED	$	84,945.22
LINVATEC CANADA	$	172,086.77	STEVENSON HOOD THORNTON BEAUBIER	$	62,278.65
MACPHERSON LESLIE & TYERMAN	$	141,509.76	STRYKER CANADA LP	$	556,864.34
MARK WARNER	$	80,052.00	SUN LOCAL 62	$	144,185.96
MARSH CANADA LIMITED	$	354,132.70	SYSCO FOOD SERVICES REGINA	$	1,980,466.36
MASTERCARD	$	251,914.42	T-BONE CONSULTING	$	108,694.98
MCKESSON CANADA CORPORATION	$	1,490,570.71	TELEFLEX MEDICAL L.P.	$	70,409.75
MCKESSON DISTRIBUTION PARTNERS	$	170,282.29	THE STEVENS COMPANY LIMITED	$	244,066.53
MED2020 HEALTH CARE SOFTWARE INC	$	50,650.39	THORPE BROTHERS LTD	$	137,513.67
MEYERS NORRIS PENNY	$	73,875.25	THORPE ROOFING	$	384,092.09
MINDRAY MEDICAL CANADA	$	79,749.98	TRAC HOLDINGS LTD.	$	231,481.91
NEW HORIZONS STAFFING INC.	$	242,112.21	UCHE NWADIKE MEDICAL PROFESSIONAL CORP	$	226,032.52
NICOLE ENTERPRISES INC	$	102,548.89	VAN HOUTTE COFFEE SERVICES INC	$	108,377.33
NOVA CENTURY SCIENTIFIC	$	57,075.00	VITALAIRE HEALTHCARE	$	169,205.86
NOVARTIS PHARMA CANADA INC	$	299,929.48	VOCERA COMMUNICATIONS, INC.	$	142,517.31
OLYMPUS CANADA INC.	$	51,638.13	VWR INTERNATIONAL CO	$	105,712.53
OSSUR ROYCE CANADA	$	54,569.94	WALKER DR. AMANDA	$	91,336.79
OXOID COMPANY	$	67,534.24	WBM OFFICE SYSTEMS INC.	$	81,903.76
PENTAX CANADA INC.	$	100,585.15	WESCO Distribution Canada LP	$	102,965.70
PHILIPS HEALTHCARE	$	609,028.82	WOOD WYANT	$	360,737.71
PRAIRIE MEATS	$	188,598.86	ZIMMER BIOMET CANADA INC.	$	891,736.84

OTHER EXPENDITURES

MINISTER OF FINANCE	$	111,111.95	RECEIVER GENERAL FOR CANADA	$	41,004,688.35
MINISTER OF CENTRAL SERVICES	$	608,594.19	3sHEALTH	$	10,013,033.74
PUBLIC EMPLOYEES PENSION PLAN	$	270,523.76	SHEPP	$	19,228,477.92

REFERENCES

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